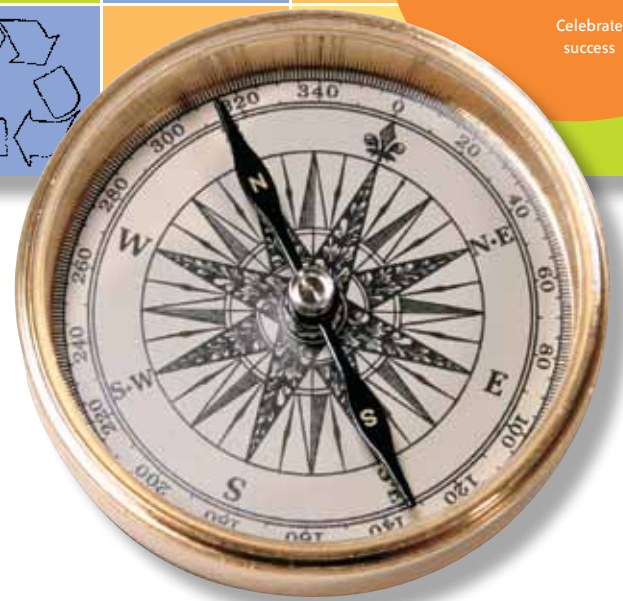


PATHWAY TO A HEALTHY COMMUNITY

A Guide for Councillors



This guide was developed by the South Metropolitan Public Health Unit with funding from Healthway.

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ACKNOWLEDGMENTS

The South Metropolitan Public Health Unit would like to acknowledge the many organisations and individuals who contributed to the development of the guide. Thanks to:

- the councillors and staff from local government who provided support on the Project Advisory Group and who, as pilot sites, took on the task of reviewing and testing the guide:
 - City of Armadale
 - City of Belmont
 - City of Cockburn
 - Town of Kwinana
 - City of Mandurah
 - Shire of Murray

- the other members of the Project Advisory Group:
 - Western Australian Local Government Association
 - Department of Health, Public Health Division
 - Department of Transport

- those who willingly gave their time to share their stories for the case studies and to review the prompting questions.

Suggested citation: Department of Health 2010, *Pathway to a healthy community: a guide for councillors*, South Metropolitan Public Health Unit, Perth.

ISBN: [978-0-9581645-3-5]

Also published on: www.smphu.health.wa.gov.au/publications

DISCLAIMER

This work has been compiled from a variety of sources including material generally available on the public record, reputable specialist sources and original material. All the local government case studies and references have been checked and endorsed by the relevant local government. Care has been taken wherever possible to verify accuracy and reliability. However, the material does not provide professional advice. No warranty is provided nor, to the extent lawful, liability accepted for loss resulting from reliance on the contents of this guide or from its use, by the authors, Healthway, or South Metropolitan Public Health Unit. Readers should apply their own skill and judgement when using the information contained herein.

PATHWAY TO A HEALTHY COMMUNITY

A Guide for Councillors

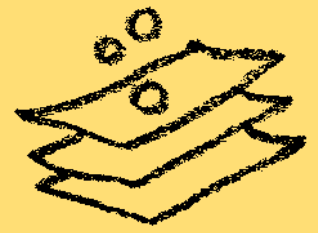
A story of the pathway

We are standing on a pathway by a swiftly flowing river. We hear the cry of a drowning person. We jump in, bring them to shore and revive them. We then hear many more cries for help and continue to pull drowning people to safety. Nearly exhausted, it occurs to us that we are so busy downstream saving people that we have not had time to go upstream and find out why they're falling in.

This, in essence, illustrates what the pathway to a healthy community is about. People need to be rescued and brought back to full health AND someone needs to go up the pathway and figure out why there are so many people falling in the river and needing to be rescued.

Adapted from a story told by Irving Zola in an article by John B. McKinlay in A Case for Refocusing Upstream: The Political Economy of Illness (1981).

Lead from the front



Make health and wellbeing a priority

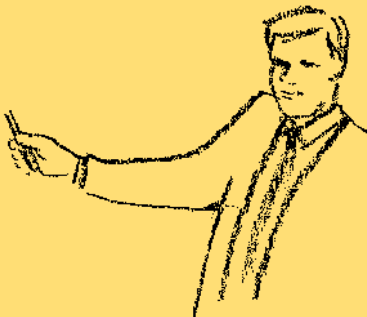
Think about everyone

Clarify the vision

Gather relevant information

Ask the right questions

Listen to the community



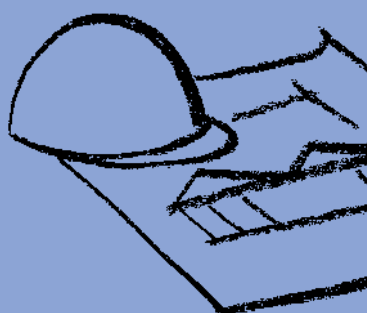
Engage stakeholders

Build partnerships



Clarify the direction

Set clear goals and objectives





Build capacity

Integrate activity

Work in partnership

Make it happen

Check results

Develop the plan

Learn for next time

Celebrate success

FOREWORD

It is my pleasure to introduce *Pathway to a healthy community: a guide for councillors*.

As Western Australians we enjoy one of the world's highest life-expectancies. Nonetheless, we face a growing population, an ageing demographic and dramatic increases in the population of preventable health issues such as diabetes, obesity, heart disease and mental illness.

Over the past decade, it has become increasingly clear that good health and wellbeing depends on a wide range of factors. These factors include not only our individual characteristics and lifestyles, but importantly the social, economic, built and natural environments in which we live, work and play.

Local government plays a significant role in creating an environment for communities to prosper and enjoy good health. It influences so many aspects of community life: urban planning, parks and facilities, transport, social support and community participation – all of which contribute to health and wellbeing. Indeed, of the three tiers of government, local government is perhaps best placed to understand and respond to these factors that influence health, wellbeing and quality of life at a local level.

Understanding how all these ingredients work together is the first step for local government to take in creating a strong and healthier future for our communities. The way in which councillors and staff can positively contribute to the health and wellbeing of communities is highlighted within this document.

I commend this guide to you and hope you find it a helpful resource.



GM (John) Castrilli MLA
Minister for Local Government; Heritage;
Citizenship and Multicultural Interests



MESSAGE FROM WALGA PRESIDENT

It's my pleasure to endorse *Pathway to a healthy community: a guide for councillors*.

Local government in Western Australia has long been concerned with the integration of environmental protection, social advancement and economic prosperity. Understanding how these are connected and how they contribute to health and wellbeing is critical to meeting the needs of local communities.

This guide acknowledges the important achievements and role of local government in influencing health and wellbeing. In particular, it recognises the community leadership of councillors and the role they play in guiding policy and decision-making that will impact on health and wellbeing into the future.

As a resource, the guide contains contemporary thinking about health and wellbeing and explores the role of Councillors and Local Government. It uses examples provided by Local Government to illustrate how some have responded to the opportunities and challenges this presents.

This resource highlights how State and Local Government can work together to create healthier communities through consultation, communication, participation, cooperation and collaboration at both strategic and project levels.

This guide is a valuable resource for all Councillors and staff who wish to transform the issues faced by their communities into positive outcomes and create healthy communities. Each councillor will need to find what works locally and follow that pathway to a healthy community.

I encourage you to use this guide to put health and wellbeing at the centre of a clear vision for the future of your community.




Mayor Troy Pickard

President

Western Australian Local Government Association





“... councillors and staff can positively contribute to the health and wellbeing of communities ...”

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What is the purpose of this guide?

All tiers of government play a vital role in the prevention of disease and the promotion of health and wellbeing.

However, it is local government that has the most direct impact on the social, economic and environmental factors that influence health, wellbeing and quality of life at a local level.

The purpose of this guide is to assist councillors to understand these factors so they can make decisions that result in healthier communities.

Using the guide

Councillors are likely to have vastly different knowledge and experience: many will already be familiar with the local government role in health and wellbeing; others might be new to local government or to health and wellbeing as a topic.

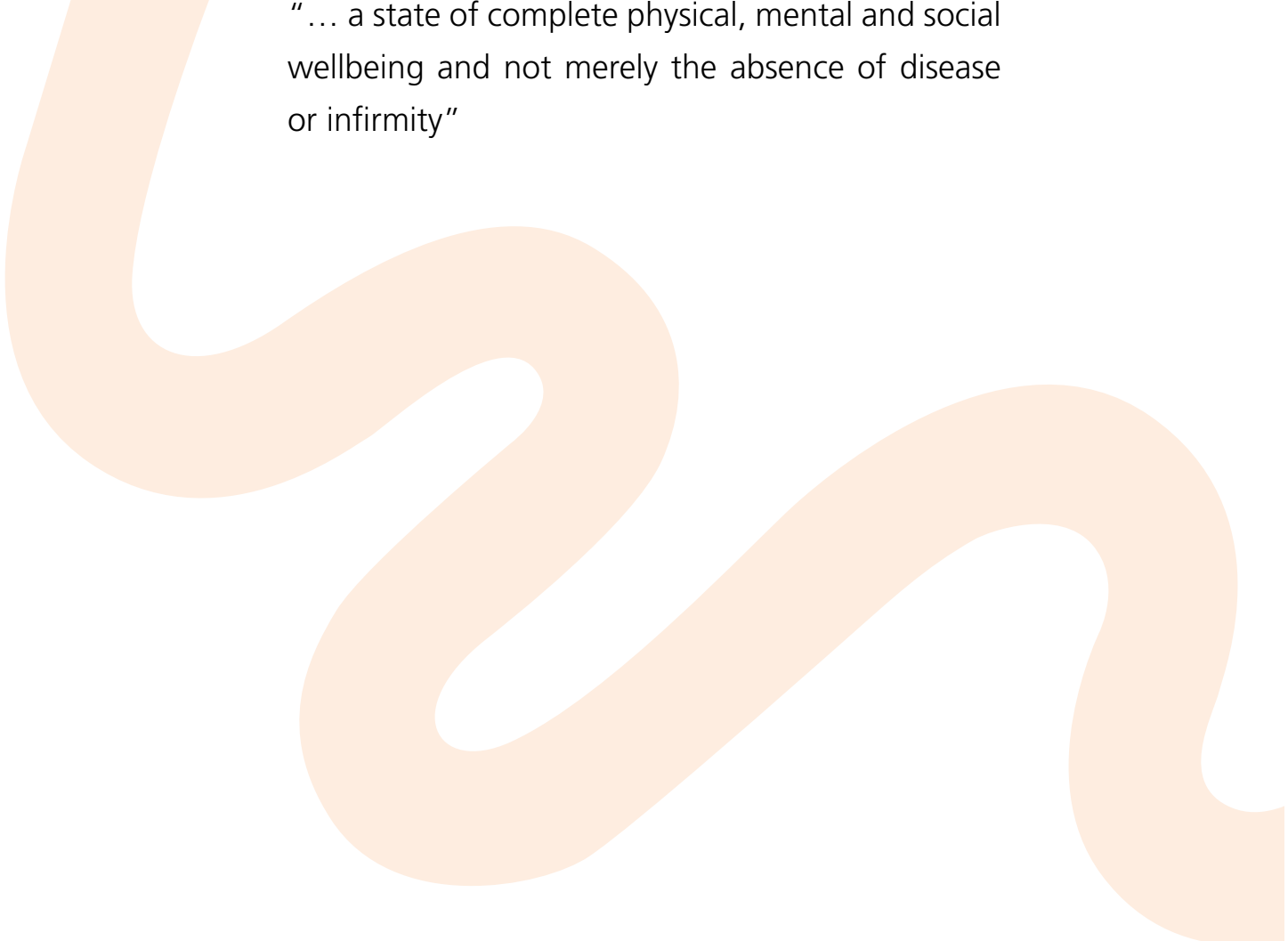
The guide, therefore, is written with this broad audience in mind. It introduces contemporary thinking about health and wellbeing and explores the role of councillors and local government. It uses examples provided by local government to illustrate how some have responded to the opportunities and challenges this presents. Checklists and questions are also included to prompt reflection and discussion.

Browsing through the entire contents will provide an overview of the guide. Sections of most interest or relevance can be re-read in more detail when specific tasks or issues arise.

Local government makes the difference

'Many would be surprised to learn that the greatest contribution to the health of the nation over the past 150 years was made, not by doctors or hospitals, but by local government.'

Parfit J 1987, *Health of a City: Oxford 1770 – 1974*, Amate Press, Oxford



“... a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”



1.1 What is health and wellbeing?

The World Health Organisation defines health as:

*'... a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.'*¹

Complete physical, mental and social wellbeing is influenced by a complex interaction of social, economic, environmental, behavioural and genetic factors. That is, health and wellbeing is more prevalent when people experience:

- supportive personal relationships
- strong and inclusive communities
- financial and personal security
- low health risks
- rewarding employment and participation
- safe and attractive surroundings.

Indeed, health and wellbeing is a resource for everyday life, rather than an end in itself.

For this reason, promoting health and wellbeing needs to take account of the places people live and the policies that shape their lives, as well as the individual lifestyles people pursue.

Health promotion aims to:

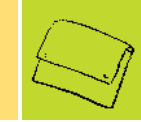
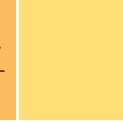
- ensure that all public policies, not just health policies, contribute in some way to improving people's health
- create social and physical environments that encourage and support wellbeing
- develop people's personal skills and knowledge about their own health and wellbeing
- strengthen communities to support health and wellbeing improvement
- ensure that services are effective, efficient and accessible to all - and have a stronger role in preventing illness and disease.

The five stated 'priorities for health promotion in the 21st century' are to:

- promote social responsibility for health
- increase investments for health development
- consolidate and expand partnerships for health
- increase community capacity and empower the individual
- secure an infrastructure for health promotion.

Adapted from World Health Organization 1986, *WHO Ottawa Charter for Health Promotion. First International Conference on Health Promotion*: WHO, Ottawa, Canada and World Health Organization 1997, *The Jakarta Declaration – Leading Health Promotion into the 21st Century*, WHO

¹ World Health Organization 1948, *Preamble to the Constitution of the World Health Organization*, WHO, Geneva



1.2 What does local government have to do with health and wellbeing?

From its earliest beginnings, local government has had a lot to do with health and wellbeing.

Local government led the development of sewage and sanitation systems in the late 1800s and early 1900s, which resulted in the most significant reduction in death and disease in the 20th century.² Many other traditional local government functions have directly focused on reducing disease or harm: ensuring safe drinking water; legislating for safe food; insisting on safe housing; enforcing safe streets; and controlling mosquitoes and vermin.

Traditionally, those regarded as having the 'health' role in local government would have been the Environmental Health Officers. However, taking this wider view of health and wellbeing, many professions can now be regarded as making vital contributions to the health and wellbeing of the community. This includes Sport and Recreation Officers, Local Government Law Enforcement Officers, Pest Control Officers, Building Officers, Strategic Planners, Town Planners, Rangers, Librarians, Environmental Officers, Community Development Officers, Policy Officers and Engineers.

In fact, in some way, nearly everyone in a local government contributes to the health and wellbeing of their community - even though the words 'health', 'wellbeing' or 'community' might not appear in their title or job description.

In Western Australia, many of the traditional 'health' functions continue to be conferred on local government by legislation. Examples include: the *Western Australian Health Act 1911*; the *Commonwealth Food Standards Australia New Zealand Act 1991*; the *Western Australian Food Act 2008*; the *Western Australian Environmental Protection Act 1986*; the *Western Australian Contaminated Sites Act 2003*; the *Caravan Parks and Camping Grounds Act* and other associated regulations or local laws.

The administration and enforcement of such laws is often referred to as local government's statutory role in health and wellbeing.

However, local government is increasingly aiming to build strong, self-reliant and resilient communities. This involves engaging with communities to make sure that policies, services and resources meet their needs and expectations. It also involves actively building the capacity of communities; that is, increasing the knowledge, skills and capabilities of individuals and local organisations to support themselves and each other.

It could be argued that these activities represent a non-statutory role in health and wellbeing for local government, and are guided by other laws. For example, the *Western Australian Local Government Act 1995* requires that local government is actively concerned with the social, economic and environmental needs of their communities.

² Crombie, H 1995, *Sustainable development and health*, Public Health Alliance, Birmingham



The focus of local government

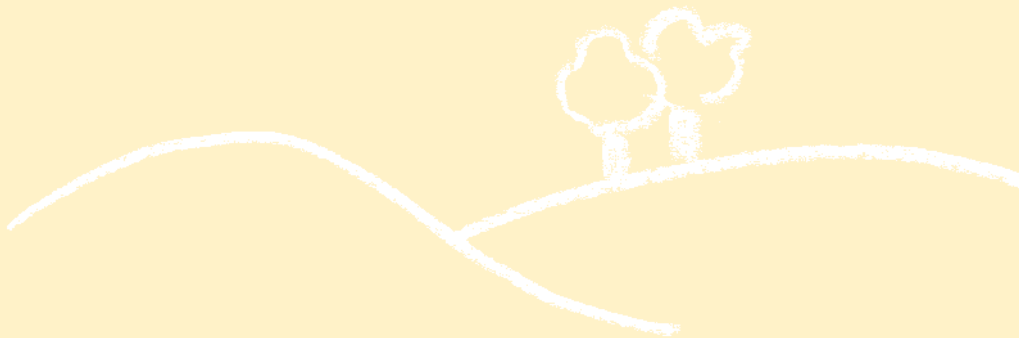
In carrying out its functions a local government is to use its best endeavours to meet the needs of current and future generations through an integration of environmental protection, social advancement and economic prosperity.

Government of Western Australia 1995, *Western Australian Local Government Act 1995*, Section 1.3 [Amended by No 49 of 2004 s.15], Perth

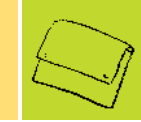
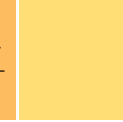
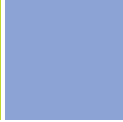
The *Western Australian Planning and Development Act 2005* also requires local government to consider the promotion of sustainable land use and development under local planning schemes.³

Consequently, local government has clear legislative requirements to make sure that their communities not only survive, but thrive.

Of course, local government is not alone in this task. Taking care of the health and wellbeing of communities is a job that falls to all tiers of government and many other sectors: the federal government; the state government; the local government; private enterprise; and not-for-profit organisations.



³ Government of Western Australia 2005, *Western Australian Planning and Development Act 2005*, Perth



1.3 Why is health and wellbeing important?

Positive health and wellbeing enables individuals to:

- have increased life expectancy and better quality of life
- take on change and challenges
- survive injury, illness and pain
- deal with stress, disappointment and sadness
- develop and apply knowledge and skills
- enjoy more lifestyle choices
- spend less on the costs of ill-health.

With poor health and wellbeing, individuals are more likely to:

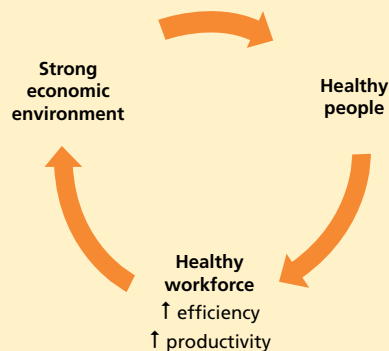
- suffer pain and discomfort
- lose capacity and skills
- make poor decisions
- become lonely and isolated
- become anxious and stressed
- develop chronic disease.

From a community perspective, the health and wellbeing of the population contributes to social interaction and the vitality of the community. For example, it enables participation in sports, volunteering, arts and culture, and all activities that bring the community together.

By contrast, poor health and wellbeing reduces this participation and brings with it the high costs of medical care and other community services.

The health and wellbeing of the population likewise contributes to the economic life of the community. It provides the workforce and the trade that drives business investment and productivity. Figure 1 demonstrates that a strong economy relies on healthy people.

Figure 1: A healthy economy relies on a healthy community



Source: The Institute of Public Health in Ireland 2005, *Health impacts of employment: a review*, Dublin

The health of future generations

‘In view of new epidemiological developments – for example, the increase of overweight and obesity, early onset of diabetes, an increase in mental health problems – the generation of children born at the turn of the 21st century could be the first to have a lower health and life expectancy than their parents. Increased investment in the health of the next generation is critical’.

Kickbush, I 2008, *Healthy Societies: Addressing 21st Century Health Challenges*, State of South Australia, Adelaide



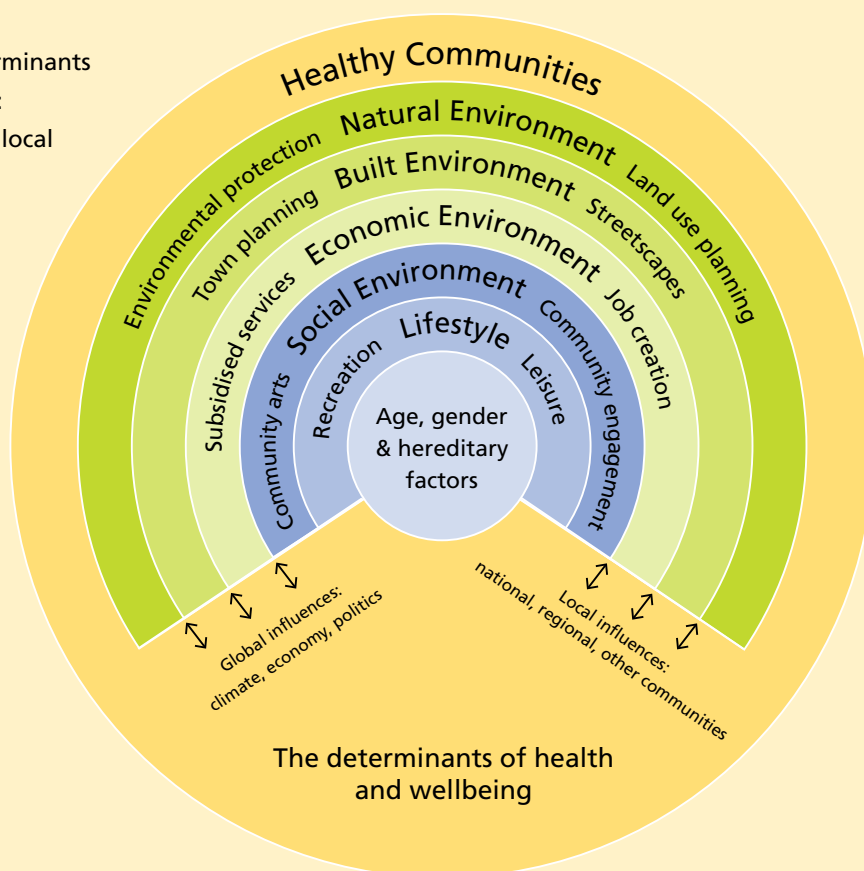
1.4 What determines health and wellbeing?

Health and wellbeing is influenced by the built, natural, social and economic environments in which we live, work and play.

At the time when sewage and sanitation systems made such a difference, the major threats to the health of the community were largely famine and disease. Such threats still exist today and warrant our continued vigilance. However, recent research has shown that a wider range of factors can influence our health and wellbeing. These factors are often referred to as 'determinants of health'.⁴ They include not only our individual characteristics and lifestyles but importantly the social, economic, built and natural environments in which we live. These four environments are referred to as the 'environments for health'.⁵

As we enter the 21st century, health and wellbeing is also increasingly shaped by global influences like climate change; the globalisation of markets; the increasing mobility of individuals; and the pressure on non-renewable resources such as oil. These global challenges have the potential to impact radically on local communities. Figure 2 depicts the often inter-related factors that influence the health and wellbeing of individuals and communities.

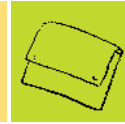
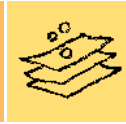
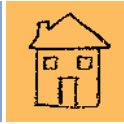
Figure 2:
The determinants
of health:
global to local



Adapted from World Health Organization 2008, *City leadership for health. Summary evaluation of Phase IV of the WHO European Healthy Cities Network*, WHO, Denmark

⁴ Wilkinson, R & Marmot, M 2003, *Social Determinants of Health: the Solid Facts*, 2nd edn, World Health Organization, Denmark

⁵ Victorian Department of Human Services 2001, *Environments for health: municipal public health planning framework*, VDHS, Melbourne

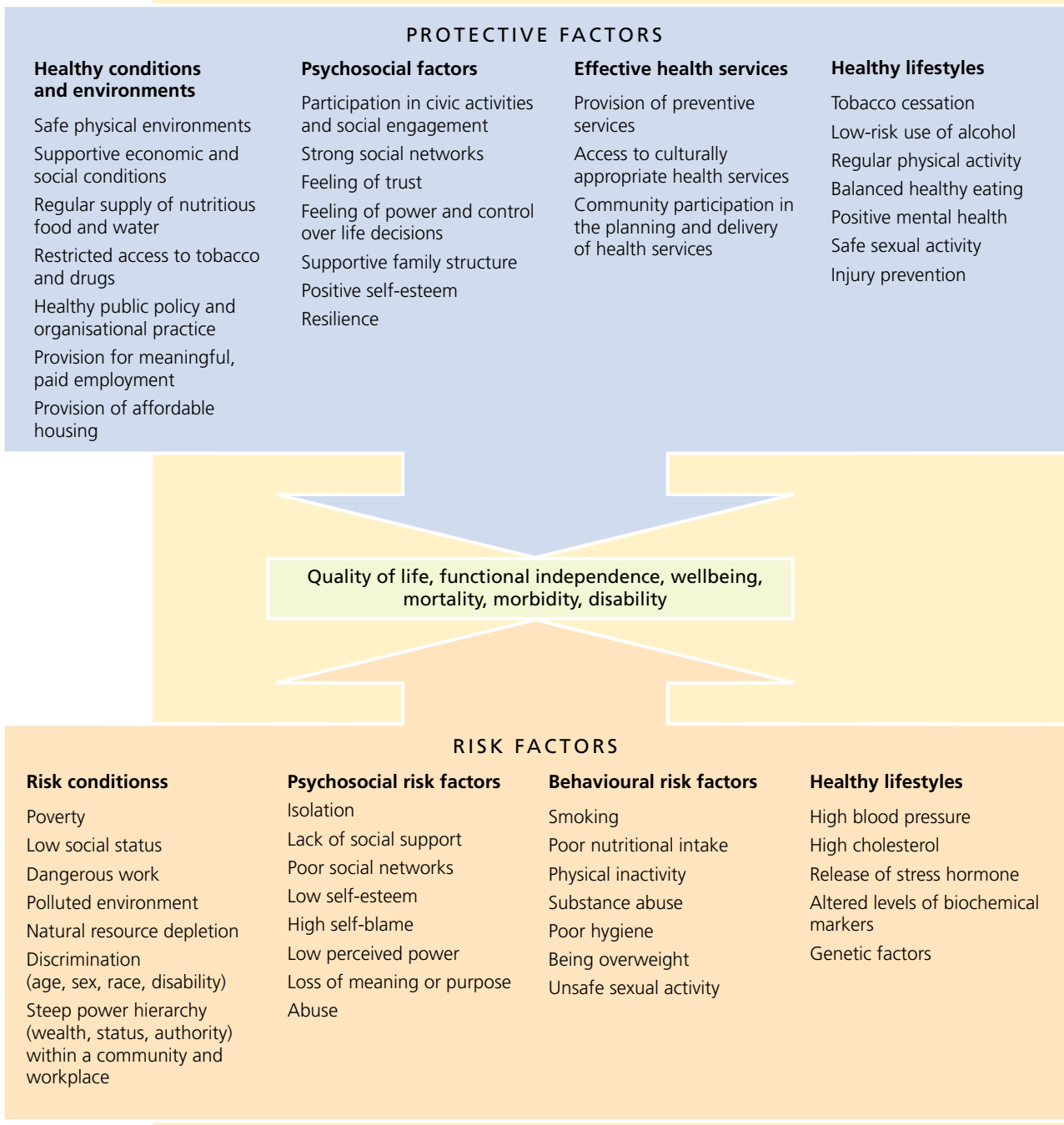


Health and wellbeing is about more than hospitals, illness and medical care

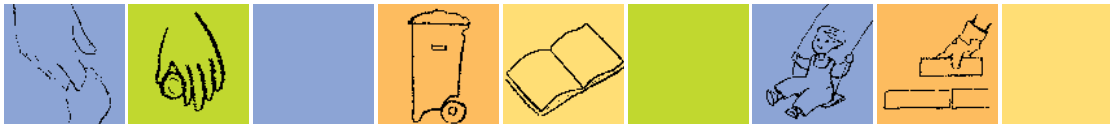
The relationship between the determinants of health and the health and wellbeing of individuals and communities can also be understood by considering:

- the factors that contribute to good health and wellbeing – ‘protective factors’
- the factors that jeopardise good health and wellbeing – ‘risk factors’ (see Figure 3).

Figure 3: The factors affecting health and wellbeing



Adapted from Labonte, R 1998, *A community development approach to health promotion: a background paper on practice, tensions, strategic models and accountability requirements for health authority work on the broad determinants of health*, Health Education Board of Scotland, Research Unit on Health and Behaviour Change, University of Edinburgh, Edinburgh.

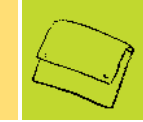
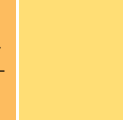
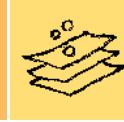


1.5 How does local government influence health and wellbeing?

Given the wide range of factors influencing health and wellbeing, it is clear that the core business of local government plays a major part in the health and wellbeing of local communities. However, responsibility for health and wellbeing is not confined to local government health services sections. The decisions and activities of other business units less recognised for their involvement in health and wellbeing can also create supportive environments, reduce risks and increase protective factors (see Table 1).

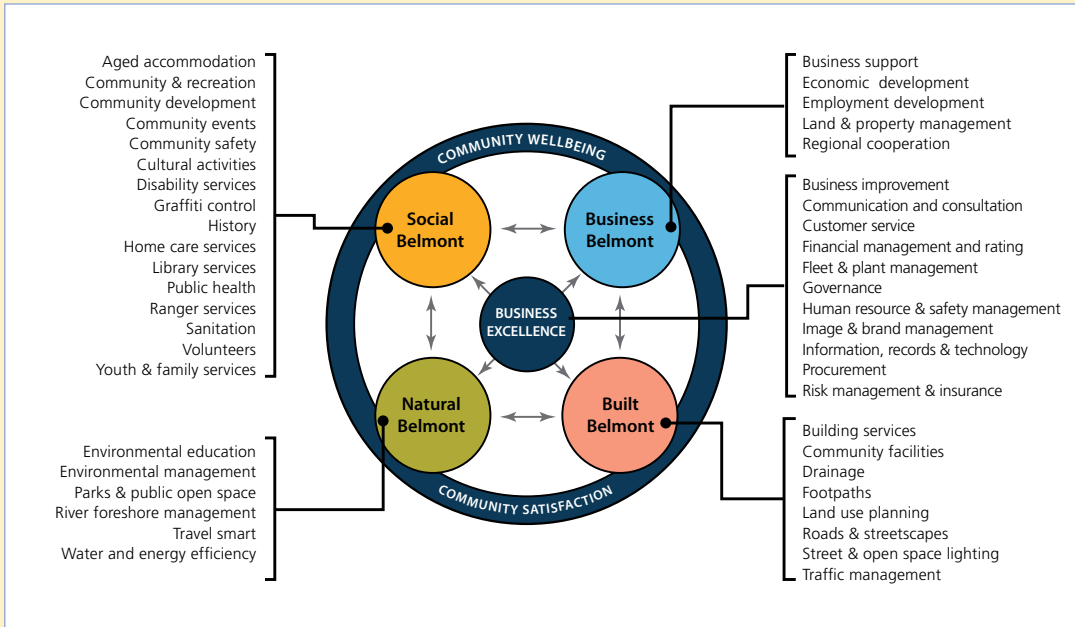
Table 1: The ways in which local government can influence health and wellbeing

Environment	Common business of local government		Examples of impacts on health and wellbeing
Social Creating opportunities for people to participate in the life of the community	<ul style="list-style-type: none"> community development sport and recreation programs library services youth services senior services community support groups community safety 	<ul style="list-style-type: none"> volunteers disability services home care services art and cultural activities community engagement information services 	<ul style="list-style-type: none"> improved physical, social and mental health and wellbeing increased physical activity sense of place, belonging and safety improved social connectedness and cohesion reduction in illness and diseases
Economic Encouraging economic development and equitable access to resources that are viable	<ul style="list-style-type: none"> economic development employment development commercial and industrial development 	<ul style="list-style-type: none"> tourism affordable housing and accommodation subsidised services job creation 	<ul style="list-style-type: none"> improved physical, social and mental health and wellbeing accessible and affordable housing higher standards of living reduction in illness and diseases
Built Altering our surroundings to make them liveable	<ul style="list-style-type: none"> town planning and development community infrastructure roads and streetscapes traffic management footpaths community facilities seating toilets 	<ul style="list-style-type: none"> drainage lighting underground power land management graffiti management parks and public open spaces museums 	<ul style="list-style-type: none"> improved physical, social and mental health and wellbeing increased physical activity improved social connectedness and cohesion reduction in falls and traffic-related injuries safer environments for health reduction in illness and diseases
Natural Looking after the natural environment so that it is sustainable and continues to nurture us	<ul style="list-style-type: none"> air quality water demand and quality waste management bushland and coastal protection 	<ul style="list-style-type: none"> pollution and hazards climate change energy consumption environmental protection shade trees 	<ul style="list-style-type: none"> improved physical, social and mental health and wellbeing increased physical activity safer food, water and air reduced exposure to environmental hazards and health risks reduction in illness and diseases



City of Belmont – Key Result Areas and Services

The City of Belmont has clustered its functions and services around four key result areas that reflect social, economic, built and natural environments.



Source: *City of Belmont Strategic Plan 2010-2015*.

SECTION TWO: THE ROLE OF COUNCILLORS



2.1 What is a councillor's role in health and wellbeing?

Councillors can play an important part in improving the health and wellbeing of the communities they serve.

As elected officials, councillors are expected to fulfil a number of important roles in the administration of local government.

These generally include:

- elector representation
- community leadership
- policy and decision-making
- community partnership.

Each of these roles contributes directly towards the improvement of health and wellbeing in the community (see Table 2).

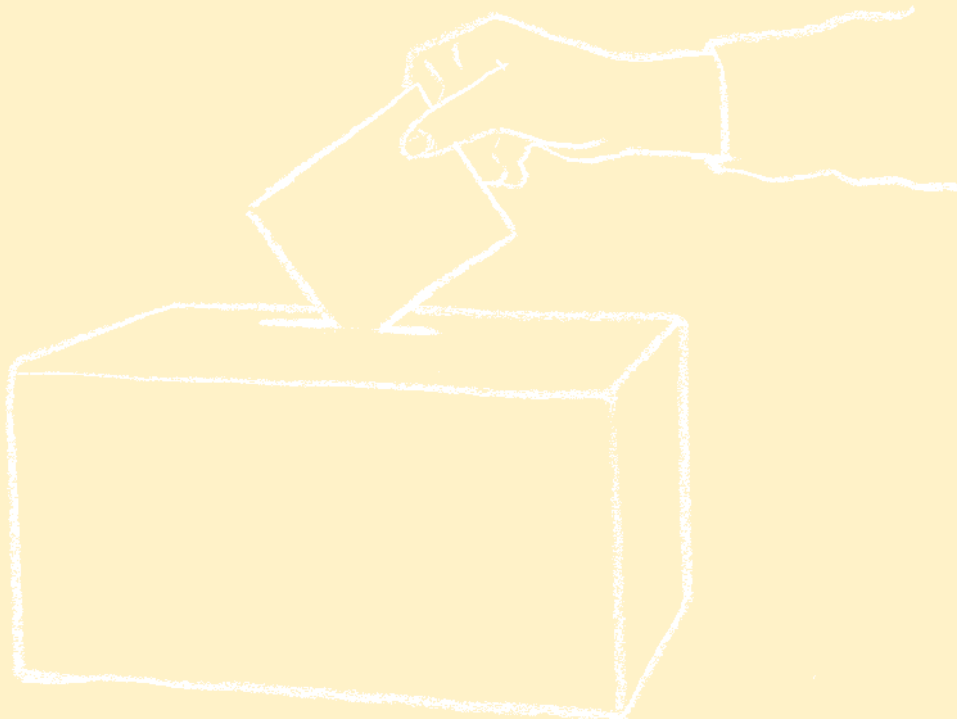
Role of councillors

A Councillor:

- (a) represents the interests of electors, ratepayers and residents of the district;
- (b) provides leadership and guidance to the community in the district;
- (c) facilitates communication between the community and the council;
- (d) participates in the local government's decision-making processes at council and committee meetings; and
- (e) performs such other functions as are given to a councillor by this Act or any other written law.

This section applies to all members of council including a Mayor or President who is not a Councillor and a Councillor who is also the Mayor or President.

Government of Western Australia 1995, *Western Australian Local Government Act 1995, Section 2.10*, Perth



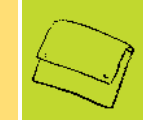
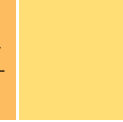
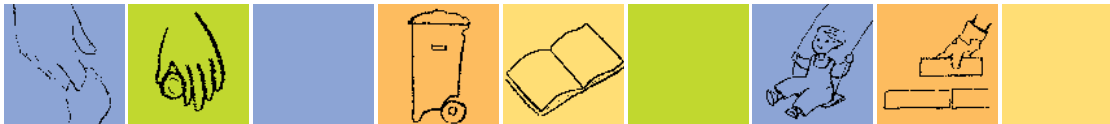


Table 2: Councillor roles and influence on health and wellbeing

Role	Responsible for...	Influence health and wellbeing by...
Electoral representation	providing a direct link between individual electors, community groups and local government	understanding the health and wellbeing issues affecting constituents and their communities
Community leadership	taking a lead role in dealing with current and future issues confronting the community	making sure health and wellbeing is given priority by raising health and wellbeing issues and influencing policies, plans, services and facilities
Policy and decision-making	contributing to policy debate and making informed decisions on matters affecting the community	asking the right questions, considering the evidence, ensuring health and wellbeing is improved for everyone, listening to the community, checking the results and planning for health and wellbeing into the future
Community partnership	working in partnership with community and local government stakeholders	pursuing integrated approaches to health and wellbeing across the whole organisation





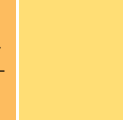
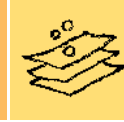
In pursuing all these roles it is important that councillors recognise that each local government has a unique historical and cultural context. This means they might be at different stages in their commitment to health and wellbeing. Understanding this organisational context will affect the way a councillor works with the community and within local government.

Table 3 illustrates the features common to local government at different stages of commitment.

Table 3: Features of a local government's commitment to health and wellbeing

Starting out	Making progress	Showing the way
Marginal commitment to health and wellbeing	Growing commitment to health and wellbeing	Commitment to health and wellbeing is central to organisational culture
No clear vision or objectives for creating a healthier community	Vision and objectives for creating a healthier community are expressed, but not necessarily acted upon	Clear vision and objectives for creating a healthier community, that are acted upon and measured in the Plan for the Future
Councillors and senior managers starting to shift focus from service issues to a strategic health and wellbeing agenda	Councillors and senior managers pursue integrated approaches to health and wellbeing	Councillors and senior managers work collaboratively to achieve integrated approaches to health and wellbeing
Individuals within local government beginning to recognise how their function contributes to health and wellbeing	Many recognise their role in improving health and wellbeing but more can be done to maximise the benefits	Everyone recognises the contribution they make to creating a healthier community
Action is confined to specific health and wellbeing projects and services	Action includes examples of health and wellbeing integrated with other local government activity	All action is considered in terms of its impact on health and wellbeing
The role of internal policies in supporting health and wellbeing are recognised, but some changes need to be made	Some policies exist that promote health and wellbeing, but some inconsistencies exist	Workplace policies model positive health and wellbeing practices

Adapted from Welsh Local Government Association 2006, *The route to health improvement: An Organisational Development Package to Build Capacity for Local Authorities*, WLGA, Cardiff



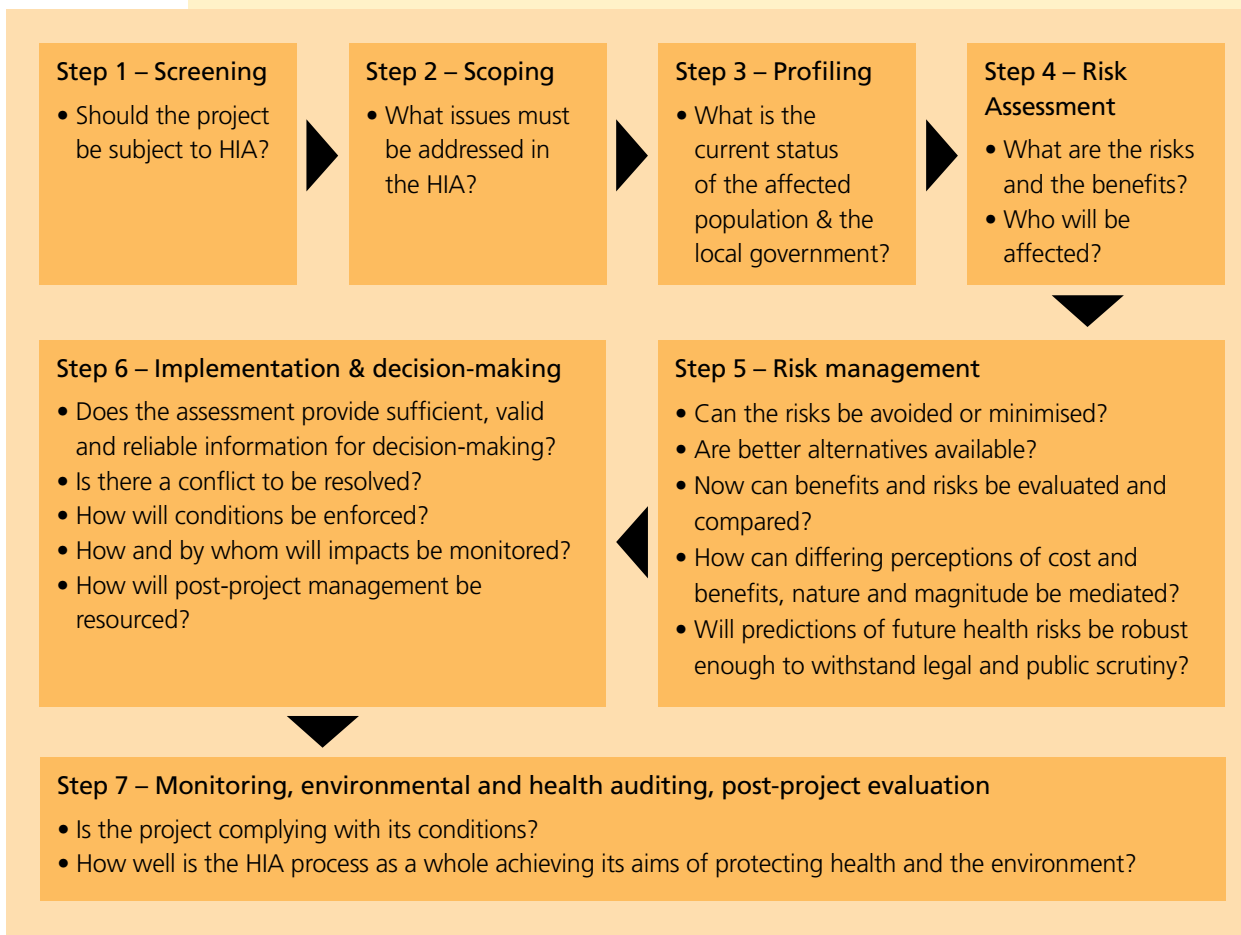
2.2 How do councillors influence health and wellbeing?

Councillors routinely adopt policies or make major decisions that will have significant impacts on health and wellbeing. Often, they are under pressure to balance the opposing interests of residents, business, community groups and other tiers of government.

Make sure that all policies and decisions will have a positive influence on health and wellbeing

To assess the likely health and wellbeing impacts of a policy or major decision fully, it is necessary to consider all four environments for health – the social, built, economic and natural. One way that councillors can assess the likely impacts is to use impact assessment tools. Figure 4 depicts the steps involved in a typical health impact assessment.

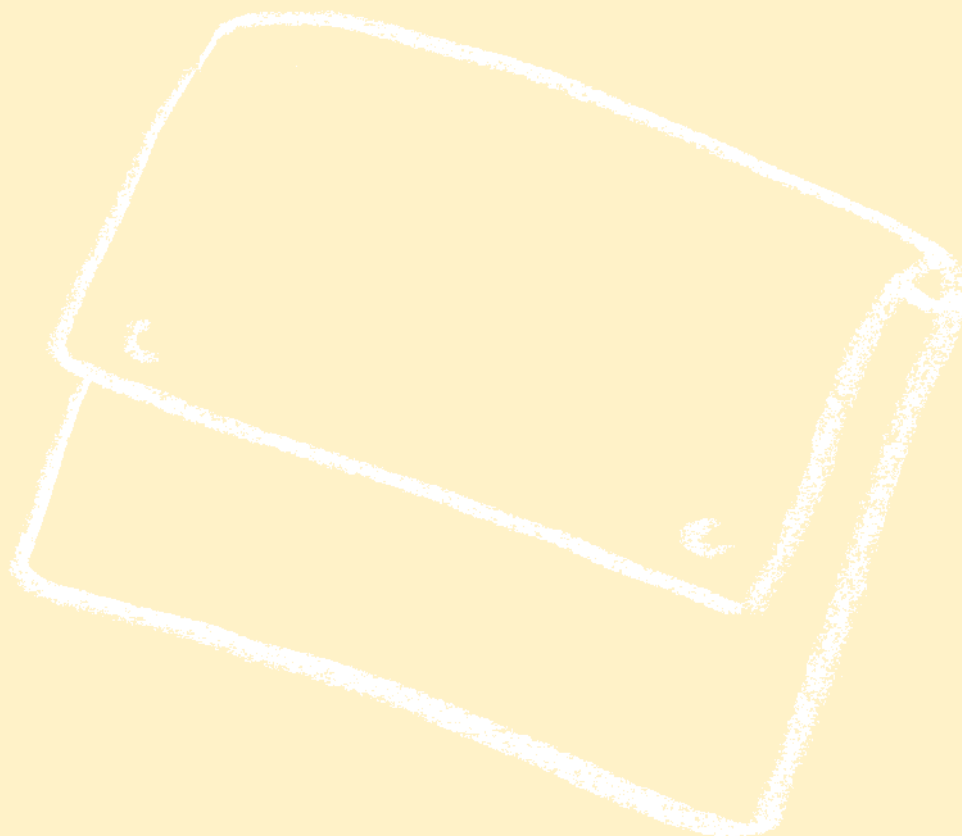
Figure 4: Health Impact Assessment (HIA) Framework



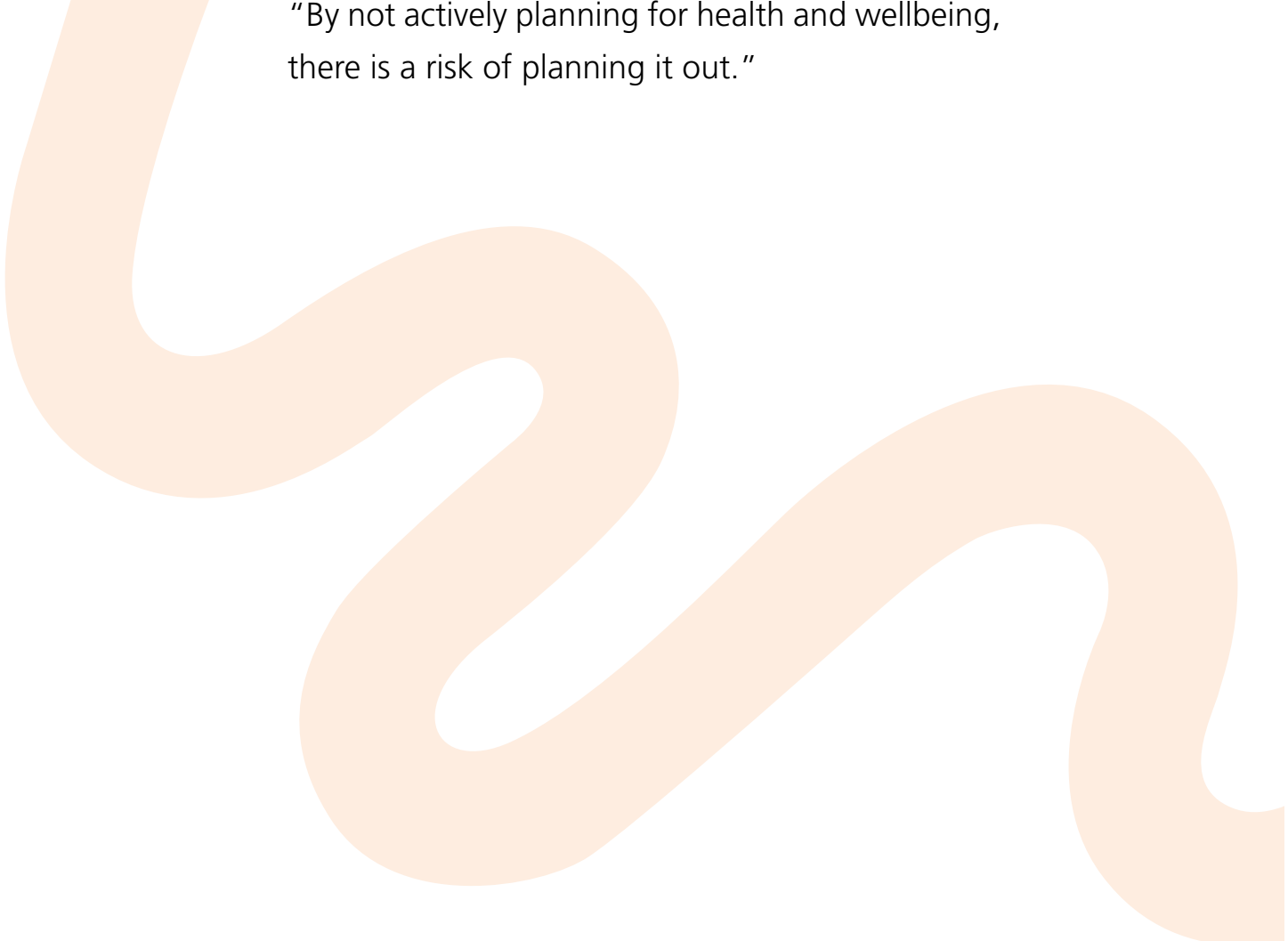
Adapted from Commonwealth Department of Health and Aged Care 2001, *Health Impact Assessment guidelines*, Commonwealth of Australia



It might not be practical for all policies and decisions to be subjected to in-depth assessment. Approaches can be scaled to fit the policy or decision context; that is, more rapid appraisals can be used either to provide assurance that a decision can go ahead or to identify the need for greater scrutiny. Specific tools can assist with various steps in this assessment process. For example, the Western Australian Department of Health has recently developed scoping guidelines for environmental and health impact assessment (*Health Risk Assessment [Scoping] Guidelines*).⁶ These guidelines acknowledge the importance of a risk-based approach to assessing public health issues.



⁶ Western Australian Department of Health 2010, *Health Risk Assessment (Scoping) Guidelines*, WA DoH, Perth



“By not actively planning for health and wellbeing,
there is a risk of planning it out.”

3.1 How does planning create a healthy community?

Creating a healthy community means planning for it now. By not actively planning for health and wellbeing, there is a risk of planning it out.

Planning for health and wellbeing involves not only developing specific responses to health issues or people at risk of poor health; it also means ensuring that wherever possible, all plans and decisions take into account potential health impacts. This broader approach focuses public policy on supporting health and wellbeing and shifts the balance towards prevention, rather than cure.

Chronic disease reveals the importance of physical activity

'... so much physical activity has been removed from our lives that we have at last discovered how essential it is to human health and wellbeing.'

World Health Organization 2007, *Steps to health: a European framework to promote physical activity for health*, WHO, Copenhagen, Denmark



Make a real difference – understand how planning works, and get involved

Planning is generally made up of a number of phases. These phases normally occur in a cycle - that is, one phase follows the next and the final phase of each cycle starts the next, new cycle (see Figure 5 page 18).

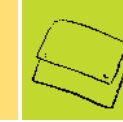
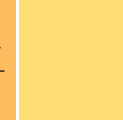
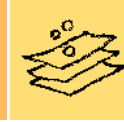
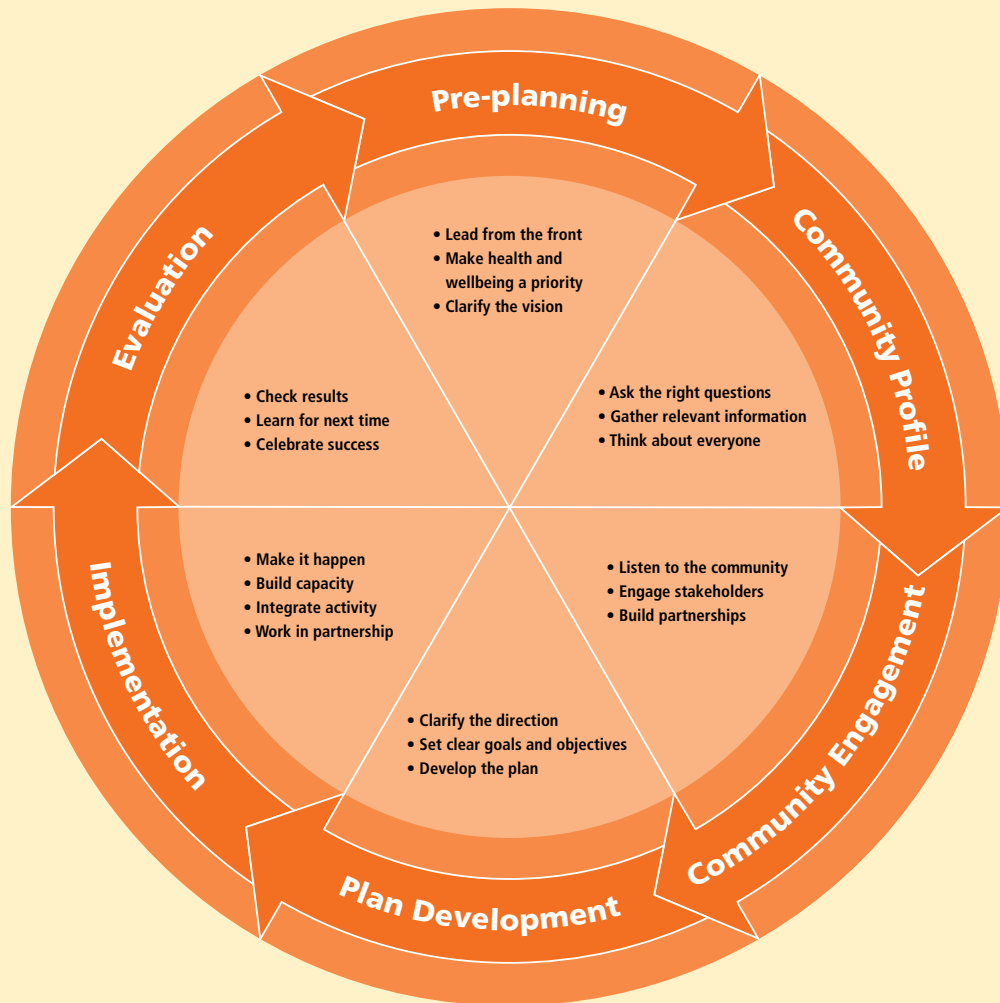


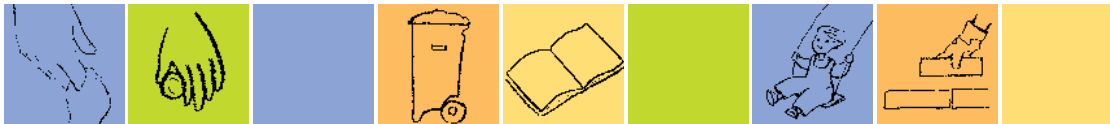
Figure 5: Planning cycle: health and wellbeing



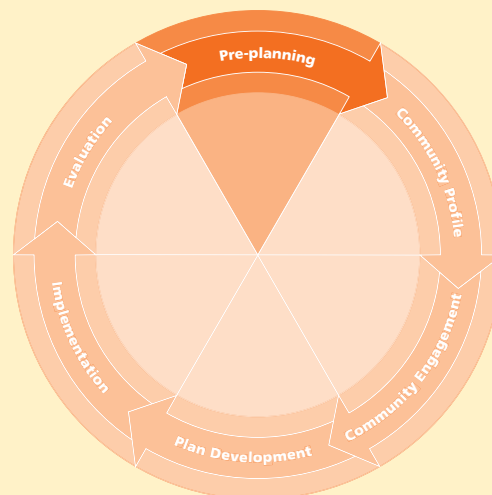
Planning methods and terminology might vary across local government and between business units. However, this is not important so long as the planning processes provide direction and help councillors to:

- understand the issues and opportunities as fully as possible
- engage with the community, specific population groups and other stakeholders
- be clear about what they want to achieve
- prioritise their options and commit to effective strategies that are sustainable
- check whether what they are doing works.

The following sections look at each of the phases of the planning cycle in more detail. Of course, much of the detail of planning will be undertaken and managed by local government officers using contemporary practice. These sections are intended to provide a simple overview and raise questions councillors might ask.



3.2 Pre-planning



Lead from the front – make sure planning gets off on the right foot

Getting involved in planning needs to start as early as possible: it is difficult to contribute to a plan when it's being presented for sign-off. Of course, planning is not just about producing a document called a plan, it is about examining the information; participating in discussion; and agreeing on direction and actions.

It is important to take time during the pre-planning phase to design the process, so that all phases receive sufficient time and resources to succeed. Effective pre-planning requires leadership and a clear vision – with health and wellbeing as a priority for the future.

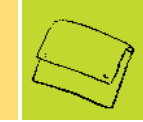
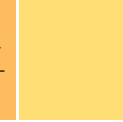
Local government produces plans for a number of reasons. Some plans will be prescribed by legislation or a funding agreement, while others will be an initiative of local government itself.

Chief among legislated local government plans in Western Australia is the requirement for a 'Plan for the future'.⁷ This plan is intended to integrate environmental protection, social advancement and economic prosperity for the district. Given the mutually dependent nature of these factors, this plan might well embrace a local government's vision for a healthy community.

Many other plans developed by local government will deal with issues that impact on the health and wellbeing of the community. These might have quite different purposes or subjects – for example:

- a **particular target group** – e.g. positive ageing or youth plan
- an **outcome** – e.g. access and equity plan
- a **product** – e.g. affordable housing strategy
- a **business unit** – e.g. parks and reserves plan.

⁷ Government of Western Australia, *Western Australian Local Government Act, 1995* and *Western Australian Local Government (Administration) Regulations 1996*



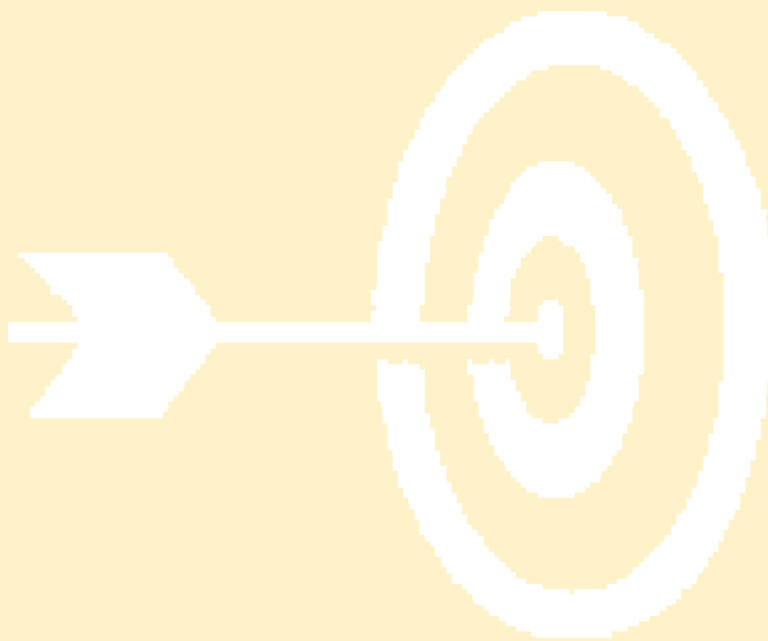
Integrated planning

The Integrated Planning and Reporting Framework and Guidelines, developed to improve the practice of strategic planning in local government in WA, reinforce the need for integrated activity across the social, built, economic and natural environments. The framework recognises that planning for a local government is holistic in nature and driven by community aspirations.

Western Australia Department of Local Government 2010, *Integrated Planning and Reporting Framework and Guidelines*, Perth

Pre-planning is an opportunity to integrate these many plans: to see how the goals or strategies expressed in one plan might align with one or more other plans. Mapping or auditing existing plans within the organisation will help to do this and avoid unnecessary duplication. The key to integrated planning is to ensure that:

- the right questions are asked
- the answers are available for any other planning activities
- the right stakeholders are identified and involved in the process
- collaborative working relationships are encouraged and supported.



Planning for health and wellbeing requires councillors to take the lead in pursuing their vision for a healthier community. An effective starting point is to express clear policy objectives for the health and wellbeing of the community.



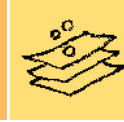
City of Rockingham – Targeting the determinants of health

'The City of Rockingham Strategic Plan provides an overarching framework and sets the strategic directions and activities of the whole of Council. The Community Health and Wellbeing Plan highlights the Council's focus on matters relating to the health and wellbeing of the community. Taking an integrated approach has meant that the Community Health and Wellbeing planning process has avoided duplication at the same time as informing the development of other Council plans. The following chart identifies how other Council plans and initiatives impact on the economic, social and environmental development in the City and highlights where the City is working towards improving the factors that influence community health and wellbeing according to the Social Model of Health.'

Make health and wellbeing a priority – clarify the vision for a healthy community

Ticks indicate where Council strategies and actions are in place to have a primary influence on one or more of the social determinants of health		Strategic Plan	Disability Access & Inclusion Plan	Safety & Crime Prevention Plan	Arts & Cultural Policy & Plan	Municipal Town Planning Scheme	Community Development Plan	Youth Policy & Strategy	Industrial Development Policy	5 Year park, footpath, roads reserves & drains Plans	Natural Reserve Management Plan	Environmental Plan	Economic Development Strategy	Active Ageing Project
SOCIAL DETERMINANTS OF HEALTH	Social and economic circumstances	✓	✓				✓	✓	✓				✓	✓
	Employment status	✓						✓	✓				✓	
	Work conditions								✓					
	Education	✓						✓					✓	
	Transport	✓	✓			✓	✓	✓		✓		✓		✓
	Housing		✓			✓	✓	✓						✓
	Recreation, arts and leisure	✓	✓		✓		✓	✓			✓			✓
	Early life experiences	✓	✓	✓	✓		✓	✓						
	Social exclusion	✓	✓		✓		✓	✓						✓
	Social support networks		✓		✓		✓	✓						✓
	Built and natural environment	✓	✓	✓	✓	✓			✓	✓	✓	✓		
	Safety	✓	✓	✓		✓		✓	✓	✓	✓	✓		✓
	Participation in community life (social & political)		✓		✓		✓	✓						✓
	Addiction			✓				✓						
	Access and availability of services	✓	✓			✓	✓	✓		✓			✓	
Information	✓	✓	✓			✓	✓		✓				✓	

Source: City of Rockingham Community Health and Wellbeing Plan 2007- 2011



City of Melville Health and Wellbeing Policy

Policy Objective

To enhance the health, wellbeing and quality of life for the City of Melville community.

Policy Scope

This Policy describes the City of Melville's commitment, vision and contribution for the current and future health and wellbeing of the community. It supports consultation with internal and external stakeholders and describes the processes and considerations necessary to develop and implement a Public Health and Wellbeing Plan.

Policy Statement

The City of Melville recognises that its role in promoting public health and wellbeing is through urban planning, social and physical infrastructure, health protection initiatives, community programs and the creation of safe and healthy environments which promote and support community connectedness and help prevent a range of chronic diseases which positively influence the identified health and wellbeing needs of the community.

The National Public Health Partnership in Australia 1998 described public health as "... an organised response by society to protect and promote public health and to prevent illness, injury and disability. The starting point for identifying public health issues, problems and priorities, and for designing and implementing interventions, is the population as a whole, or population sub-groups".

This policy has been developed and aligned with the Department of Health South Metropolitan Area Health Service guide to local public health plans to ensure the alignment of local public health and wellbeing policy with national and state policies.

Relevant activities include:

- public health planning
- health protection
- health promotion
- partnerships in health promotion
- best practice in public health.

The City of Melville aims to enhance the health, wellbeing and quality of life for the community through:

- assessing, reviewing and responding to current and future public health and wellbeing needs, issues and emerging trends, based on best practice, sustainability and evidence-based decision making processes.
- determining key health priorities, gaps in health protection and goals to be reached to achieve health gains.
- facilitating an integrated intersectoral approach to public health and wellbeing across the city.
- developing collaborative partnerships with internal and external key stakeholders.
- integrating public health and wellbeing into existing planning processes.
- facilitating the vision for a healthy and sustainable community through greater community participation and development on health issues.
- aligning with and providing strategic links and relationships with local, state and national strategic plans and policies that impact on health and wellbeing.

Source: *City of Melville Health and Wellbeing Policy 2010*



Councillor checklist for pre-planning

How does the plan under consideration reflect and reinforce council's strategic intention for health and wellbeing? Does it align with the plan for the future? How will it align with other policies or plans?

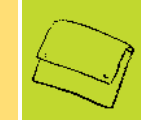
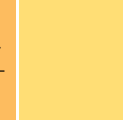
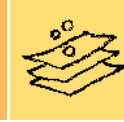


Who will 'own' the plan? Will local government be responsible for all the strategies, or will external agencies take on agreed actions?

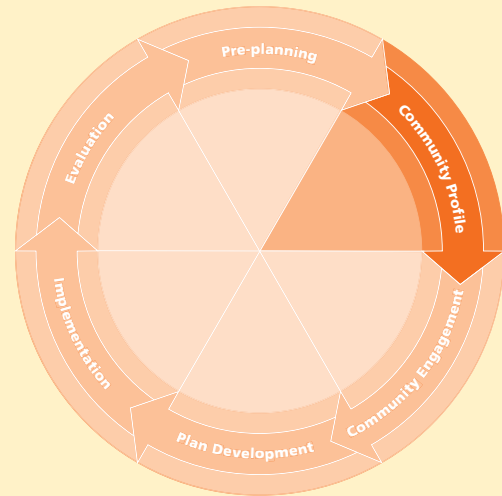
Is there a clear process laid out for all phases of the planning process? Is there sufficient time allocated to each phase? Is the planning process adequately resourced? How will councillors be briefed as the plan progresses?

What role will councillors play in the planning process – for example:

- councillor representation on the plan reference group or similar?
- councillor attendance at consultation forums or public meetings?



3.3 Community health and wellbeing profile



Ask questions about the community

A community profile is a picture of the health and wellbeing of the community. As a result, it can inform local government, the public, partners and other stakeholders about how well the general population and different groups within it are faring.

Developing a community health and wellbeing profile means asking the right questions and using reliable information. It is important to consider the entire community and pay particular attention to those who might be more vulnerable to poor health and wellbeing.

The information gathered in developing the community health and wellbeing profile provides the evidence required to plan effectively.

Such profiles can:

- identify specific health concerns, high-risk groups and unmet needs
- clarify built, social, economic and natural barriers to health and wellbeing
- focus attention on health priorities
- establish the resources available to the community to respond
- stimulate the 'buy-in' of the community and other stakeholders.



Understand the community's needs and opportunities

A traditional response to planning has been to focus on needs, deficiencies and problems. However, in recent years these traditional needs-based planning approaches have become regarded as taking a 'glass half-empty' approach. They can miss the opportunity to ask questions about the potential that exists in communities. They also run the risk of reinforcing negative perceptions of the community and encourage welfare dependence from one generation to the next.

A number of models have been developed to challenge this approach. These alternative planning processes, which include Asset Based Community Development and Appreciative Inquiry, use a 'glass half full' approach – building on the strengths of communities. They start from a position of 'what works for us?' and 'how can we do more of it?'⁸

Table 4 describes the difference between a purely needs-based approach and an asset approach.

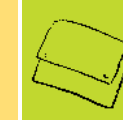
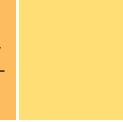
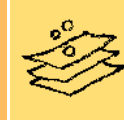
Table 4: Moving from a needs approach to an asset approach

A needs approach	An asset-based way of thinking
Start with deficiencies and needs in the community	Start with the assets in the community
Respond to problems	Identify opportunities and strengths
Provide services to users	Invest in people as citizens
Emphasise the role of agencies	Emphasise the role of civil society
Focus on individuals	Focus on communities, neighbourhoods and shared goals
See people as clients and consumers receiving services	See people as citizens and co-producers with something to offer
Treat people as passive and done-to	Help people to take control of their lives
'Fix people'	Support people to develop their potential
Implement programs as the answer	See people as the answer

Source: Improvement and Development Agency 2010, *A Glass half full*, IDeA, United Kingdom

The benefit of this kind of approach is that community assets are explored from a positive standpoint and sustainable solutions to issues are often uncovered. Sometimes these assets are existing facilities; sometimes they are people prepared to help each other out; and at other times they might be an economic opportunity that benefits the whole community.

⁸ Improvement and Development Agency 2010, *A Glass half full*, IDeA, United Kingdom



Gather information

Gathering information should include quantifiable data - that is, information that can be counted or objectively measured. For example: life expectancy; mortality rates; prevalence of disease in the population; preventable hospital admissions; prevalence of risky behaviours in the population, such as smoking, alcohol and drug use, inadequate fruit and vegetable consumption and insufficient physical activity.

Other sources for examples of health and wellbeing information include:

- local government community wellbeing surveys - for example, surveys undertaken for local government by independent firms: to determine levels of wellbeing in the community; to understand how community needs are changing; and to identify opportunities for improvement
- broad demographic data – for example, from the Australian Bureau of Statistics (ABS), including its Socio-Economic Indexes for Areas (SEIFA) - a measure of relative social and economic wellbeing assigned to geographic areas⁹
- more health-specific data. This might be obtained from the Department of Health and Public Health Units. For example, Population and Community Health Profiles; Hospital Morbidity and Emergency Department information; Western Australian Burden of Disease Bulletins; Western Australian Health and Wellbeing Surveillance System reports – a self-report data collection system using monthly telephone interviews with 550 people who answer health and wellbeing questions.¹⁰
- The Social Atlas of Australian Local Government Areas, which includes data on a range of population characteristics, including demography, socioeconomic status, health status and risk factors and use of health and welfare services.¹¹

A community health and wellbeing profile should also include qualitative data – that is, subjective information about individual and community feelings and perceptions. Examples include perceptions of safety, self-assessed health and wellbeing and aspirations for the future.

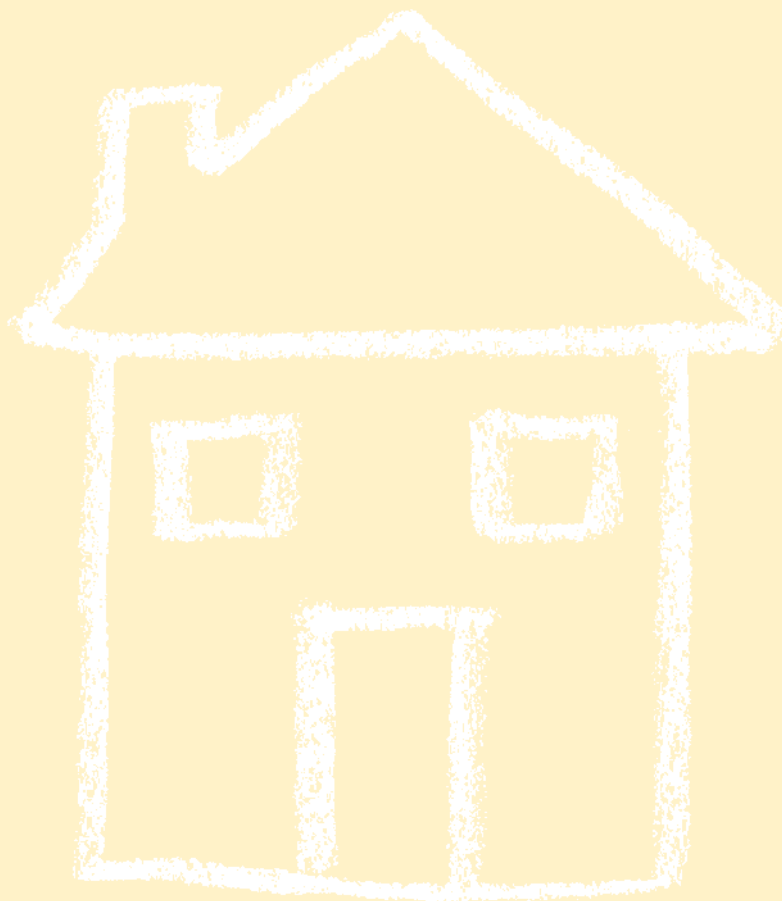
Some information might not be available in the local government area. This might mean using surveys or other forms of community engagement to collect local views. It might also mean it is easier to work with others across data collection areas. Many issues are not confined to local government boundaries.

The prompting questions in Section Five provide ideas for health and wellbeing questions that local government might incorporate into their own community surveys.

⁹ Australian Bureau of Statistics, http://www.abs.gov.au/websitedbs/D3310114.nsf/home/Seifa_entry_page

¹⁰ Western Australian Department of Health, http://www.health.wa.gov.au/Publications/BOD_Technical.cfm

¹¹ Public Health Information Development Unit, The University of Adelaide, <http://www.publichealth.gov.au/publications/a-social-health-atlas-of-australia-%5bsecond-edition%5d---volume-6%3a-western-australia.html>

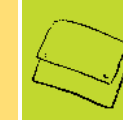
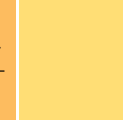


City of Melville – Community wellbeing survey

On the following page is an example of a community wellbeing survey undertaken by the City of Melville. The City of Melville uses CATALYSE Pty Ltd, an independent market research and planning firm, to conduct Community Wellbeing Surveys every two years. These studies indicate levels of wellbeing in the City and its neighbourhoods; they identify how community needs are changing and what opportunities exist for improvement.

The most recent survey was undertaken in June 2009. The following extract depicts 'Sense of belonging', one of 12 Social Capital indicators included in the survey. Human, Physical and Natural Capital indicators were also surveyed to complete a comprehensive profile of the health and wellbeing of City of Melville residents.

For the entire survey results, visit: <http://www.melvillecity.com.au/about/corporate-information-documents/community-survey/community-wellbeing-survey>

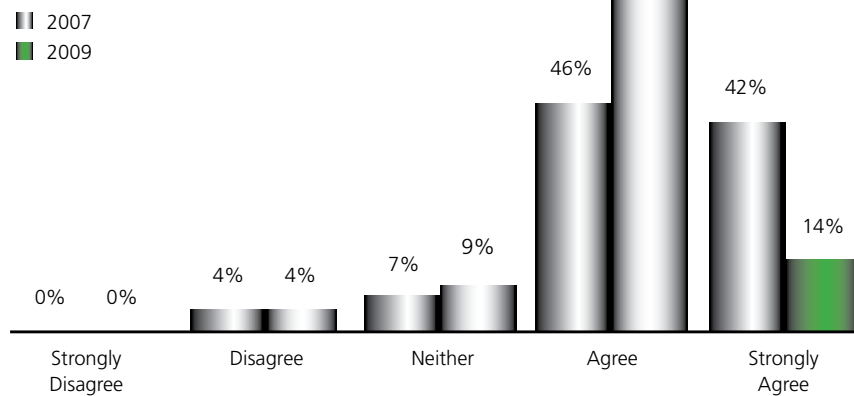


Sense of belonging

I feel like I belong in my local community

- I feel like I belong in my local community
 - Although levels of total agreement have remained similar to 2007, there are less respondents strongly agreeing in 2009
- 87% of residents feel like they belong in their local community
- Sense of belonging is strongest in the North-West Neighbourhood

% of respondents



% of residents	Strongly Agree
Applecross/Mt Pleasant	13%
Bicton/Attadale	18%
Bull Creek/Leeming	5%
City	18%
Palmyra/Melville/Willagee	20%
University	10%
North-East Neighbourhood	14%
South-East Neighbourhood	8%
South-West Neighbourhood	12%
North-West Neighbourhood	20%

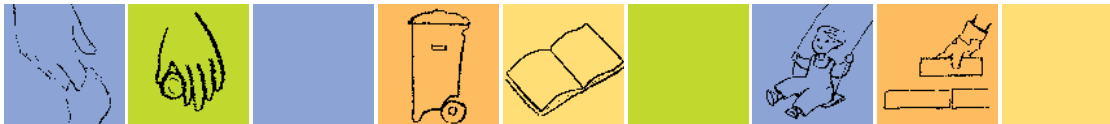
○ ○ = significant variance

Q: I'm going to read out some statements. For each one please let me know if you strongly agree, agree, neither agree nor disagree, disagree or strongly disagree.

Base: Respondents able to comment, excludes don't know (2009n = 399; 2007n = 398)

Source: Supporting Findings from the CATALYSE Community Wellbeing Survey 2009.

Printed with the permission of Catalyse Pty Ltd (www.catalyse.com.au)



Think about everyone in the community - improve health and wellbeing for all

Some members of the community are more vulnerable to poor health and wellbeing. This might be the result of culture, ethnicity, gender, age, illness, injury, lack of mobility or even where they live. It might also result from lack of income or skills.

This is often described as 'health inequality' and can be thought of as:

- **inequality of access** – barriers to the services that support health and wellbeing. It includes barriers created through cost, through physically inaccessible services and through services not being culturally appropriate for some.
- **inequality of opportunity** – barriers to the social, geographic and economic resources necessary to achieve and maintain good health: such as education, employment, income and a safe place to live.
- **inequality of impacts and outcomes** – differences in health status between groups (for example in rates of death, illness or self-reported health).¹²

Regardless of the topic of a specific plan, it is important to understand who in the community will be affected. Local government has a particular responsibility to ensure that:

- vulnerable people in the community are protected and cared for; and
- physical, economic or cultural barriers that prevent people from sharing in opportunities and community prosperity are removed.

Section Five provides questions to prompt consideration of issues facing people who might be at risk of health inequality

Councillor checklist for community health and wellbeing profiles

Is the information for the profile of the community in plain language?

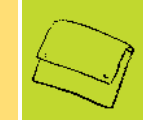
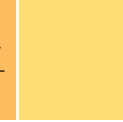
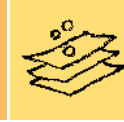


Do the conclusions drawn from it make sense?

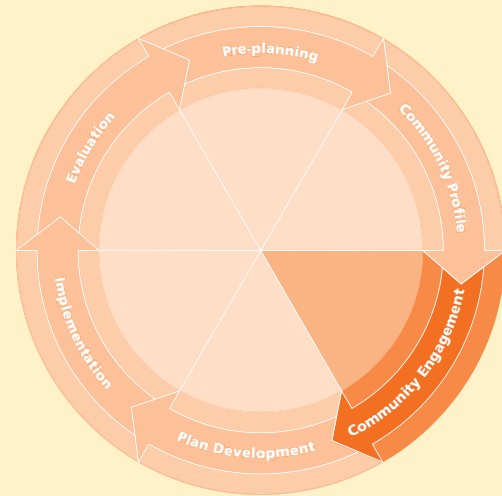
Is it clear what opportunities exist in the community?

Is it clear who in the community might be at risk of poor health and wellbeing?

¹² VicHealth 2008, *People, Places, Processes*, VicHealth, Carlton



3.4 Community engagement



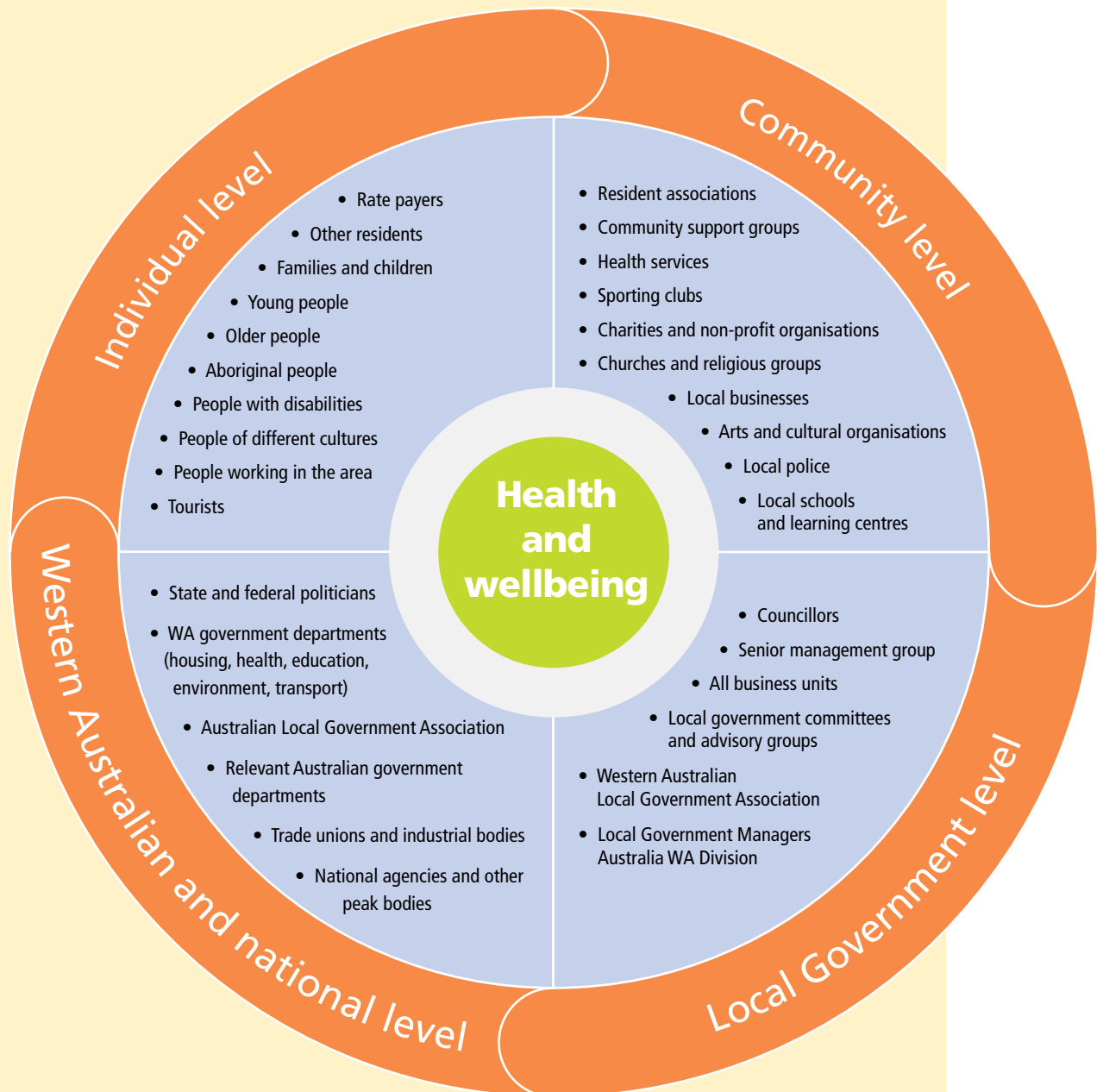
Listen to the community - engage communities and stakeholders in decisions affecting health and wellbeing

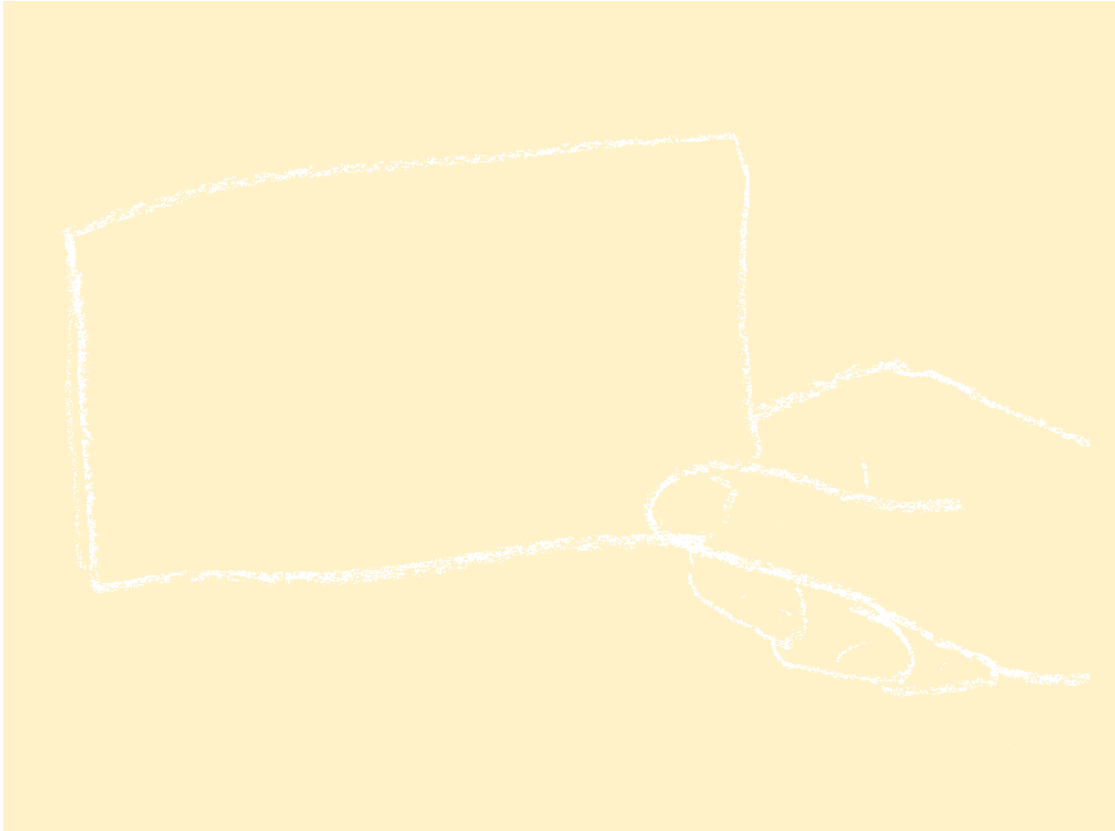
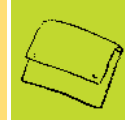
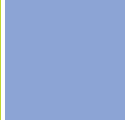
The 'health sector' alone cannot create healthier communities. Nor can a single organisation, profession or level of government. It must be a concerted effort in collaboration with the community. This planning phase therefore involves engagement both with the community and with other stakeholders who can influence health and wellbeing.

Figure 6 describes the individuals and organisations that might have an interest in the health and wellbeing of the local community. These stakeholders will have important insights into the community's needs and assets.



Figure 6: Stakeholders with an interest in health and wellbeing





Participating in local government decision-making is itself a factor that influences health. This includes election processes, consultation and other public participation mechanisms.

Listening to locals

'Participating in a decision gives people a sense of ownership for that decision, and once that decision has been made, they want to see it work. Not only is there political support for implementation, but groups and individuals may even enthusiastically assist in the effort.'

Crieghton, J L 2005, *The Public Participation Handbook: Making Better Decisions Through Citizen Involvement*. Jossey-Bass, San Francisco

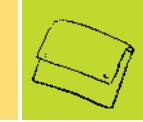
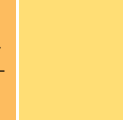
The way in which local government engages with the community will vary from topic to topic. This will often be driven by competing priorities and timeframes. Nonetheless, local government can choose how strongly they encourage and support participation – from little or no engagement to considerable participation. Figure 7 opposite describes how local government can move from simply informing their communities to encouraging a high level of involvement in decision-making.



Figure 7: Model of participation

	Level 1 Informing	Level 2 Listening	Level 3 Facilitating	Level 4 Considering	Level 5 Involving
ATTITUDE Is your local government committed to ...	providing comprehensive information to community members?	listening to what community members have to say?	ensuring that all population groups are able to have their say?	seriously considering what community members have to say?	encouraging community members to have a real role in decision-making?
ACTION and does your local government have a range of strategies and processes that ...	make information readily accessible in a mix of formats?	enable it to listen to community members' views?	provide opportunities for discussion, and help all population groups to have their say?	ensure that community members' views are seriously considered?	provide community members with a real role in decision-making?
ACCOUNTABILITY and does your local government policy...	require that information is readily accessible in a mix of formats?	require processes for community members to be heard?	require that all population groups be given assistance so they can be heard?	require that community members' views are included in significant decisions?	require that community members have a role in decision-making, and receive feedback?

Derived and adapted from Shier, H 2001, *Pathways to participation: openings, opportunities and obligations*, *Children and Society*, 15(2), 107-117 in Dibley, G, Gordon, M 2006, *Talking Participation – taking action: A local government guide to youth participation*, Office of Children and Youth Affairs, Hobart,



City of Cockburn - Active engagement with Aboriginal people

The City of Cockburn has a commitment to encouraging the participation of its Aboriginal community in decisions that affect them. This includes the development and implementation of culturally appropriate community development programs, services, activities, events and projects for Aboriginal residents living in the City of Cockburn.

This commitment has led to the establishment of an Aboriginal Reference Group comprising local Aboriginal people from all walks of life.

The City of Cockburn Aboriginal Community Development Officer meets regularly with the Aboriginal Reference Group to:

- support local Aboriginal Community Groups and projects
- develop culturally appropriate policies and strategies
- build stronger links and improved communication between the Aboriginal Community and the City of Cockburn.

Source: www.cockburn.wa.gov.au/community_services/aboriginal_services/default.asp

Councillor checklist for participation

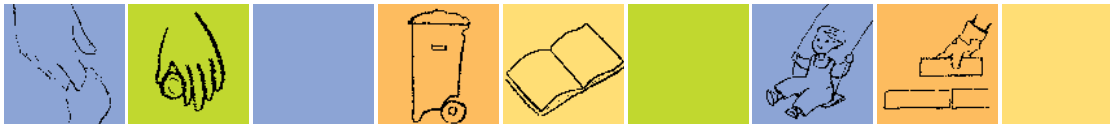
How will the planning process engage the community? Is there a policy that guides community engagement?



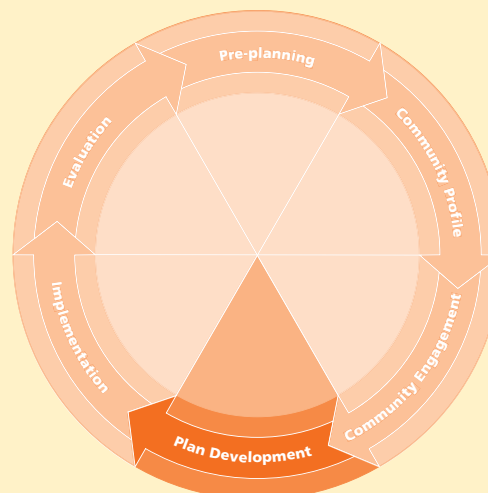
Are specific key population groups getting involved?

Are emerging community priorities consistent with the plan for the future and other key plans?

How will we know whether the plan has been successful? What indicators will be used to measure the results of the plan?



3.5 Plan Development



Clarify the direction – ensure that every plan contributes to the vision of a healthy community

Plan development is concerned with clarifying direction and using the evidence of good practice to choose actions that are most likely to work.

Regardless of the topic of a specific plan, it is important to understand how it might contribute to health and wellbeing.

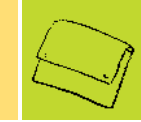
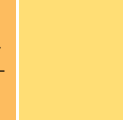
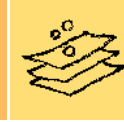
The primary task of plan development is to clarify a broad direction. It is this direction that will guide planning goals, objectives and strategies.

Different terms might be used to describe these planning statements. The SMART technique is a good way to ensure that planning statements provide clear direction.

SMART planning statements have the following characteristics:

- S** – **specific:** it is about a particular health determinant, population group or setting, and describes the change to be achieved
- M** – **measurable:** it includes measures that indicate whether, or to what extent, it is achieved
- A** – **attainable:** it can be achieved within available resources – funds and people
- R** – **relevant:** it makes sense to the overall aspirations of the community and the vision of the local government
- T** – **time-framed:** it has a timeline that indicates when it will be achieved.

Adapted from Doran, G T 1981, *There's a S.M.A.R.T. way to write management goals and objectives*, in *Management Review* Nov 1981, 70.11



Choose the best options – learn from the evidence of good practice

Once goals and objectives have been clearly stated it is necessary to select strategies most likely to achieve these objectives.

Evidence-based decision making

'...an approach to decision making which is transparent, accountable, and based on a consideration of current best evidence about the effects of particular interventions in the welfare of individuals, groups and communities.'

Blackwell Publishing 2000, *Blackwell Encyclopaedia of Social Work* Ed Davies M., Blackwell, UK

Before deciding on what strategies to use it is useful to examine what has worked in the past, or elsewhere. Strategies with strong evidence provide the greatest likelihood of success.

Given the shortage of research in some areas of health and wellbeing, it might be necessary to choose strategies that are promising but not fully tested. It is particularly important that such strategies are evaluated to check that they do work. This will also add to the future evidence base.

Strategies selected should always be those best suited to local circumstances - taking account of population characteristics; settings; needs; and the contribution of local partners. Using a variety of strategies to address a single issue has proved more successful than using single strategies.¹³ For example, promoting walking might involve: attracting developer contributions to improve the quality of pathways; designing routes that connect people to destinations; providing incentives to get people walking; and supporting walking groups and walking events.



¹³ Nutbeam, D 2000, *What makes an effective health promotion program?*, in *Oxford handbook of public health*, Oxford University Press, Sydney

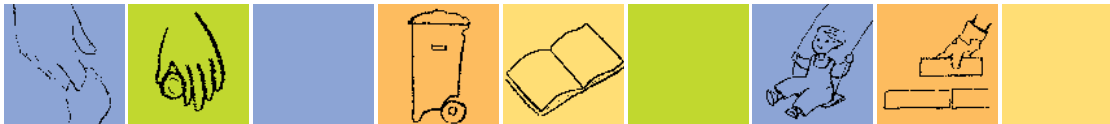
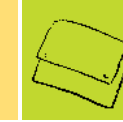
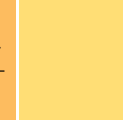
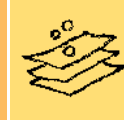


Table 5 provides broad definitions for each planning statement and provides examples of the SMART technique applied to each.

Table 5: Hierarchy of planning statements

Planning statements	SMART example
<p>Goals</p> <p>Goal statements describe the improvements and long-term benefits sought for a given population.</p> <p>When it comes to health and wellbeing, they are statements about reducing a health risk or improving health and wellbeing status, quality of life and equity.</p>	<p>To increase the number of adults undertaking adequate physical activity by 2013</p>
<p>Objectives</p> <p>Objective statements describe what will be done to achieve the goals. They are specific and concise and identify who will make what change, by how much, where and by when.</p> <p>Objectives achieving health and wellbeing goals are likely to address:</p> <ul style="list-style-type: none"> • specific risk or protective factors • policy development • infrastructure development • changes to surroundings • skill development • community participation • community action. 	<p>To increase the number of adults participating in walking groups in 2012</p> <p>To increase access to information on the benefits of physical activity and opportunities for participation by 2011</p> <p><i>Note: These are just two possible objectives designed to meet the above goal</i></p>
<p>Strategies</p> <p>Strategy statements describe the shorter-term activities that are undertaken to meet the objectives</p>	<p>To train walk leaders to run walking groups by December 2011</p> <p>To develop a flyer advertising walking groups for distribution in GP surgeries by December 2011</p> <p>To develop a website promoting physical activity by June 2011</p> <p>To design a competition on the website, to promote walking, by December 2011</p> <p><i>Note: These are just a few strategies designed to meet the above goal</i></p>



City of Cockburn – Making active transport an easy choice

The City of Cockburn has taken a wide view when it comes to getting people active. Promoting walking and cycling, for example, has focused on encouraging the leisure aspects. However, working with the TravelSmart Program has also provided an emphasis on physical activity as a means of transport.

Making physical activity an easy choice has meant developing well-signed and connected walking routes and specific trails and making sure people know about them. The City of Cockburn’s trails are marketed through the Walking in the City of Cockburn booklet and Local TravelSmart Guides, which provide information to residents about walking and cycling paths, public transport routes and places of interest.

It has also meant providing community events that encourage participation such as The Giant Walk Challenge, an annual Walk Week event in partnership with the City of Fremantle, and the Cockburn Community Bike Ride. Pedometer challenges have also been included at Cockburn Rotary Spring Fair and Coogee Beach Festival.

In addition, individuals and groups have been supported to get walking; for example, support has been provided to Heart Foundation and other walking groups, including a pram walking group. There are two TravelSmart to School pilot programs in the City and a free pedometer loan scheme also operates at City of Cockburn libraries.

And the City of Cockburn believes in practising what it promotes. The City has introduced a workplace travel plan to reduce car use by staff both for commuting and for business. Three recycled bikes from the Henderson Recycling Facility provide a staff bike fleet; the bikes are available for hire through the vehicle booking system.

To keep information on physical activity up to date and at people’s fingertips, the City operates the Be Active Cockburn website, the Be Active Cockburn Newsletter, events, libraries, print media and the Senior Centre.

Source: www.beactivecockburn.com.au

Councillor checklist for plan development



Are goals and objectives stated clearly? Is it clear what will be different as a result?

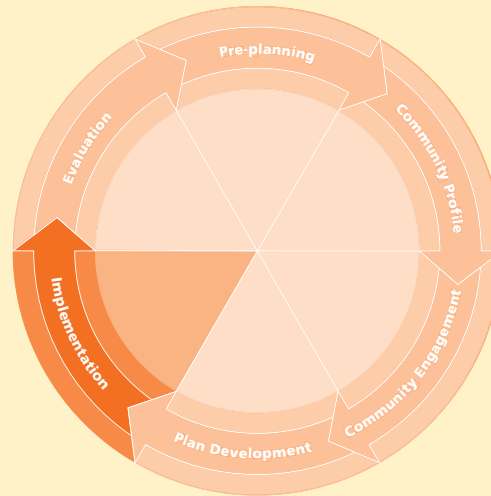
Are selected strategies based on evidence and good practice?

Have broader determinants of health and wellbeing been taken into account when considering objectives and selecting strategies?

Have opportunities for integrating activities and establishing partnerships been explored?



3.6 Implementation



Make it happen – invest in capacity building

Successful implementation requires strong internal leadership and management; clear allocation of resources; and a commitment to workforce learning and development. It also means developing effective partnerships - working with others to achieve common goals.

This is often referred to as 'capacity building'.

Building capacity provides the means for local government to achieve its vision. Capacity building can be pursued in a number of areas as described in Table 6 page 40.

The importance of capacity building

Failure to give sufficient time and attention to this capacity building phase is the most frequent reason for the failure to achieve or maintain health and wellbeing improvements

Victorian Department of Human Services 2003, *The Integrated health promotion resource kit*, DHS, Melbourne.



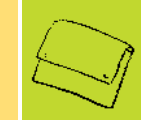
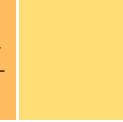


Table 6: Capacity building action

Action	This means...
Provide and foster leadership	providing clear direction and supporting emerging leaders at all levels in the organisation
Provide workforce development in individual skills	ensuring that staff and councillors have key health and wellbeing project and planning skills. Workforce development includes: <ul style="list-style-type: none"> • training or mentoring programs • information-sharing • resources to support self-directed learning
Support systems improvement	ensuring that the organisation's systems and processes strengthen the focus on health and wellbeing – for example, by developing and using health impact assessments, performance reporting systems and continuous improvement methods
Undertake research and identify good practice	drawing on research to identify and apply evidence-based strategies and to contribute to expanding the knowledge base
Monitor activities	ensuring that what is agreed is being done, using routine performance reports and regular reviews
Evaluate results	periodically asking questions; reporting back about what is working or not working; and reviewing action
Resources	providing adequate human, financial and other resources to support strategies
Support partnership development	developing clear partnership arrangements and sharing access to health and wellbeing knowledge

Work in partnership - integrate activity with others who share goals

Building partnerships has become an imperative for local government, particularly in the face of scarce resources, overlapping interests and, at times, an uncertain future.

A partnership means sharing expertise and resources to achieve common goals. Partnerships with community organisations, local businesses and other government bodies offer many benefits. These are described in Table 7 opposite.



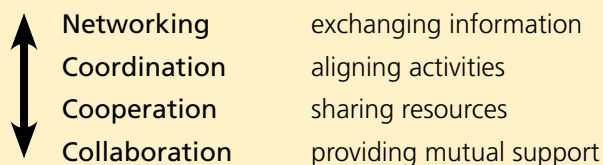
Table 7: Benefits of local partnerships

Benefit	Because...
Wider span of influence	local partnerships increase influence in the community – leading to greater ownership and support
Increased pool of expertise	different partners bring their own skills and experience. These enrich project planning and increase capacity
More efficient use of available resources	staff efforts can be coordinated and available funds from partners combined for more efficient activities
More appeal to prospective funders	local partnerships can increase the potential to attract grants, sponsorships or other sources of funding
Increased promotional opportunities	local partnerships provide positive media opportunities and more avenues for media attention

Partnerships can be approached in a number of ways depending on the size and scope of the task and the nature of existing relationships.

Stakeholders will have been identified in the early phases of planning (see Figure 6). Turning some of these stakeholders into partners means asking them to make a commitment of time and resources. It is important therefore to approach the right people (decision-makers or influencers) and put the case for change or action in terms that they will appreciate and support (see Table 8).

Working in partnership can occur at different levels. Partnership might cover¹⁴:



Collaboration

'...a process through which parties who see different aspects of a problem can constructively explore their differences and search for solutions that go beyond their own limited vision of what is possible.'

Walker, R 2000, *Collaboration and Alliances: A Review for VicHealth*

¹⁴ VicHealth 2003, *Partnerships Facts Sheet*, VicHealth, Carlton

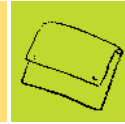
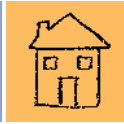


Table 8: Turning stakeholders into partners

Step	Characteristics
Determining the need for the partnership	<ul style="list-style-type: none"> • There is a perceived need for the partnership in terms of areas of common interest and complementary capacity • There is a clear goal for the partnership • There is a shared understanding of, and commitment to, this goal among all potential partners • The partners are willing to share some of their ideas, resources, influence and power to fulfil the goal • The perceived benefits of the partnership outweigh the perceived costs
Choosing partners	<ul style="list-style-type: none"> • The partners share common ideologies, interests and approaches • The partners see their core business as partially interdependent • There is a history of good relations between the partners • The coalition brings added prestige to the partners individually as well as collectively • There is enough variety among members to have a comprehensive understanding of the issues being addressed
Making sure partnerships work	<ul style="list-style-type: none"> • The managers in each organisation support the partnership • Partners have the necessary skills for collaborative action • There are strategies to enhance the skills of the partnership through increasing the membership or workforce development • The roles, responsibilities and expectations of partners are clearly defined and understood by all other partners • The administrative, communication, and decision-making structure of the partnership is as simple as possible
Planning collaborative action	<ul style="list-style-type: none"> • All partners are involved in planning and setting priorities for collaborative action • Partners have the task of communicating and promoting the partnership in their own organisations • Some staff have roles that cross the traditional boundaries between agencies in the partnership • The lines of communication, roles and expectations of partners are clear • There is a participatory decision-making system that is accountable, responsive and inclusive
Implementing collaborative action	<ul style="list-style-type: none"> • Processes that are common across agencies such as referral protocols, service standards, data collection and reporting mechanisms have been standardised • There is an investment in the partnership of time, personnel, materials or facilities • Collaborative action by staff and reciprocity between agencies is rewarded by management • The action is adding value (rather than duplicating services) for the community, clients or the agencies involved in the partnership • There are regular opportunities for informal and voluntary contact between staff from the different agencies and other members of the partnership
Minimising the barriers to partnerships	<ul style="list-style-type: none"> • Differences in organisational priorities, goals and tasks have been addressed • There is a core group of skilled and committed (in terms of the partnership) staff that has continued over the life of the partnership • There are formal structures for sharing information and resolving demarcation disputes • There are informal ways of achieving this • There are strategies to ensure alternative views are expressed within this partnership
Reflecting on and continuing the partnership	<ul style="list-style-type: none"> • There are processes for recognising and celebrating collective achievements and/or individual contributions • The partnership can demonstrate or document the outcomes of its collective work • There is a clear need and commitment to continuing the collaboration in the medium term • There are resources available from either internal or external sources to continue the partnership • There is a way of reviewing the range of partners and bringing in new members or removing some



City of Mandurah – Partnership for education

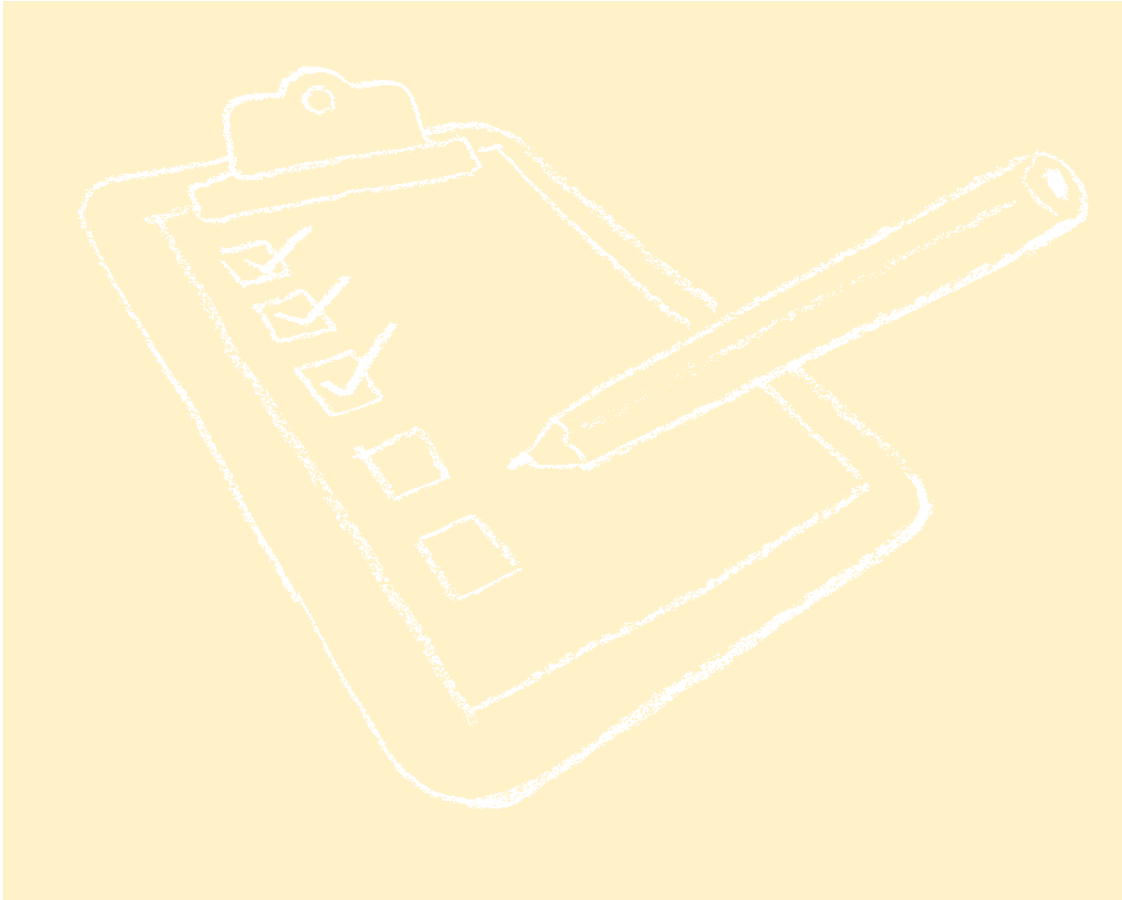
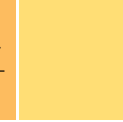
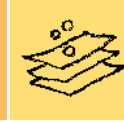
Developing education and learning opportunities in the community is a key plank in the City of Mandurah's approach to health and wellbeing. Mandurah continues to invest strongly in education and lifelong learning, as a way of providing skills that offer employment to residents and that serve the community's needs.

The City has done this in a number of ways: taking a lead role in the creation of the Peel Education Campus and the expansion of Murdoch University's presence; supporting the Marine Skills Centre and a joint recreation centre at Halls Head; and developing joint usage agreements with schools. The Mayor chairs the Challenger Institute Board, and the Chief Executive Officer has until recently chaired the Peel Education Campus Board. Most recently the City is working with Murdoch University to establish a Chair in Health and Wellbeing at the Peel Campus. The Campus has been a successful education strategy and Murdoch University is keen to expand its role with a course in social work. The new course is being developed in partnership with the Challenger Institute. The two bodies are working together to provide complementary courses – which should attract more students to the campus. This course will complement the existing nursing courses at the University and it is hoped that by offering relevant courses locally, the chances of graduate retention in the region, in a much needed field, will be improved.

The appointed Chair in Health and Wellbeing will have a focus on working towards the Health and Wellbeing aims of the City and will link directly with the City's community charter and strategic plan – notably 'Promote and protect the public and personal health and wellbeing of the community'. The City of Mandurah Chair in Health and Wellbeing will include research and education relevant to the local community – engaging the community and working with council through presentations and workshops.

The post will be funded over three years with Murdoch University matching the City of Mandurah's financial contribution with in-kind support.

*Source: Report from Director Community & Economic Development to Planning,
Community Development and Sustainability Committee of 8 June 2010*



Councillor checklist for implementation



What steps are in place to manage implementation – monitoring reference group or similar?

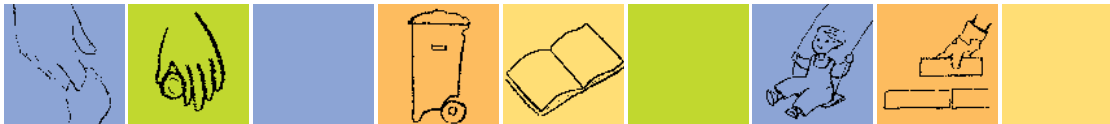
What role will councillors play as the plan is implemented, for example:

- councillor representation on the plan monitoring reference group or similar?
- councillor participation in plan monitoring and reviews?

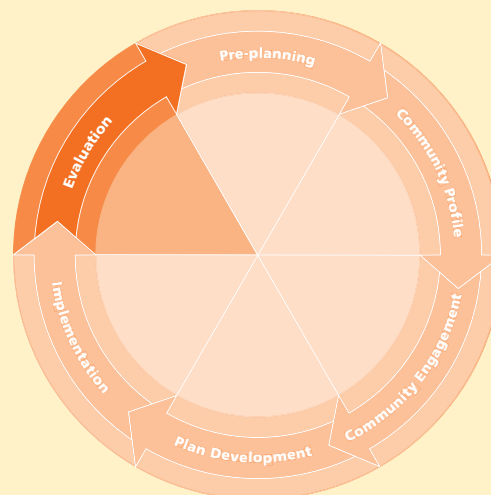
What are the key milestones during the life of the plan? How are we tracking the results of the plan? What reports are required?

How will the planning process engage partners? Is there a policy that guides partnership development?

Are key partners getting involved?



3.7 Evaluation



Check results - learn what works and what doesn't

Evaluation checks whether the goals, objectives and strategies are achieved.

This has two prime purposes:

- **accountability** - to demonstrate returns for the investment of resources
- **learning** - to contribute to evidence about what works and what doesn't.

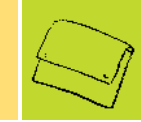
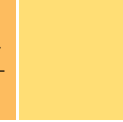
It is important to design evaluation early in the planning cycle – not once the cycle is coming to an end.

This makes it easier to develop measures and to set up any data collection processes. For example, it is difficult to use pre-project and post-project measures once the activity is concluded. Some forms of evaluation, such as action research, specifically require regular reflection on the experience of the program during implementation.

Measures or indicators provide a way of checking whether goals and objectives are being achieved. At the same time they can expose who is and who is not experiencing good health and wellbeing in the community; measures will inform the community health and wellbeing profile.

The use of measures provides a way to:

- engage stakeholders and communities in informed discussions about shared goals and priorities
- gather information and guide evidence-based planning
- report on progress towards agreed goals and objectives.



By deciding on measures in the early phases of planning, evaluation and future community profiling can become clearer. The information gathered in developing the community health and wellbeing profile will often provide the information needed to support measures.

There are many examples of the use of community wellbeing measures around Australia. They include a mix of subjective and objective measures, allowing community perceptions to be considered alongside objective information. Much of this will have been considered in the creation of the community health and wellbeing profile.

Learn for next time – decide what to continue, expand or reduce in the next plan

When it comes to evaluating specific strategies or programs, there are many different evaluation techniques that might be used. Choosing an approach to evaluation will depend on:

- the key stakeholders with an interest in the findings
- the timeframe for when the information is needed
- the resources available to conduct it.
- the use or uses for which it is intended. These might include:
 - improving and informing policy development
 - guiding financial management and resource allocation
 - assisting in organisational learning and skill development
 - pursuing service quality and delivery
 - demonstrating accountability and transparency

Regardless of approach, an evaluation should generate information that is credible and useful for decision-making and program improvement.

Program evaluation is widely applied in Australia and internationally and has the following features:

Social Indicators Report

'Illuminating, disturbing, instructive and motivating; this report card will inspire us to look strategically at the strengths and the challenges which face our region.'

Cr Knight, V 2006 in *Mildura Social Indicators 2006; Community Engagement Framework*. Rural City of Mildura



Figure 8: Program evaluation



In local government, process evaluation is likely to occur as routine performance reporting.

Impact evaluation is often a challenge and might need to be dealt with at the program, service or project level.

Outcome evaluation is likely to align with longer term, strategic measures set by local government.



City of Gosnells: Maddington-Kenwick Sustainable Community Partnership Indicators

The table below provides an example of measures used by the Maddington-Kenwick Sustainable Community Partnership. It provides a snapshot of the changes over the evaluation periods, showing the indicators derived from resident surveys, scientific testing and statistics.

The Partnership between City of Gosnells and a number of the WA State Government departments commenced in late 2003, with the stated goal: The sustainable regeneration of Maddington and Kenwick to improve the physical, economic, environmental and social aspects of the area and promote a positive and attractive image and quality urban environments

INDICATOR	CHANGE FROM '05 TO '08
Social	
We like living in Maddington-Kenwick	Better
We feel a sense of belonging to our local community	Worse
We believe that we can play a role in making our community a better place to live	Better
We vote in local government elections	No change
Our community halls are well used	No comparison available
We feel safe in our community	Better
We have low rates of crime	Worse
Economic	
We have low employment	Better
We have access to computers and the internet	Better
We make good use of our local library facilities	Better
We have affordable housing	Worse
Built environment	
We have a wide range of local community recreation facilities	Better
Our local infrastructure is well maintained	No change
Our streets are safe and accident free	Worse
We have choices in the type of housing available in the area	Better
We have many different places to meet friends and family	No change
Environmental	
We have transport choices	No change
Our local public transport is well used	No comparison available
We have clean water in our local waterways	Better
We care for our nature reserves and passive recreation areas	Better
We use water wisely	No change
We reduce the amount of waste we send to landfill	Worse

Source: Sustainable Community Partnership: Maddington-Kenwick, City of Gosnells 2009

Councillor checklist for evaluation

What are the key milestones during the life of the plan? How are we tracking the results of the plan? What reports are required?



What worked for us? What continues to be a challenge? What lesson can we draw from this that can be applied to the next plan and/or other plans?

How well did the planning processes used for this plan work? Do they need modification for the next plan?



Contribute to health and wellbeing as an employer of choice

In 2008, the World Health Organisation and the World Economic Forum highlighted the workplace as an important setting for health promotion. They subsequently produced a report on preventing non-communicable diseases in the workplace.¹⁵

As an employer, therefore, local government can influence health and wellbeing in its own place of work.

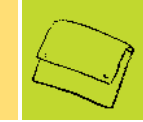
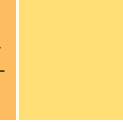
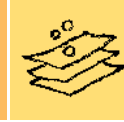
By providing healthy workplaces, local government can contribute to the health and wellbeing of its officers and councillors. This also provides a role model for other organisations and workplaces in the community.

Occupational health and safety require minimum conditions for safe work practices and safe workplaces. A few additional ways local government might create healthy workplaces include:

- establishing a site-based health and wellbeing advisory committee
- a policy on serving healthy food options at local government facilities and events
- ensuring that all local government facilities and events are smoke-free
- encouraging active transport options and incentives, such as providing showers and other facilities to encourage walking and cycling to work, and operating bicycle pools to complement the car pool
- engaging health providers to conduct staff health assessments
- adding features that encourage people to take exercise before or during the working day – for example, a space for exercising and fitness equipment
- providing membership incentives to local government gymnasiums and leisure facilities
- entering teams in local cycling, running or walking events
- implementing an alcohol policy, including promoting alcohol-free events.



¹⁵ World Health Organization 2008, *Preventing non-communicable diseases in the workplace through diet and physical activity*, WHO/World Economic Forum report of a joint event. WHO, Geneva.



WA Department of Sport and Recreation – Healthy workplace initiative

The Healthy Active Workplaces initiative is supported across the public, private and not for-profit sectors with representation on a reference group from a number of key stakeholders.

The initiative is aimed at a broad range of stakeholders across every layer of influence – including government bodies, employers, unions and business intermediaries, local government and other non-government organisations. Healthy Active Workplaces is a key initiative of the Physical Activity Taskforce which is being delivered in partnership with the Department of Sport and Recreation.

Over the next three years, the following priority actions will be progressed as part of the Healthy Active Workplaces initiative:

- Creating formal structures and support to enable employers to implement best practice workplace health programs.
- Establishing forums for ongoing consultation and sharing of best practice in workplace health.
- Establishment of tools to assist workplaces in the implementation and evaluation of workplace health programs.
- Improving service delivery.
- Supporting organisations to implement programs.
- Implementing a regional strategy to encourage greater take-up of programs in regional WA.

Source: Government of Western Australia, *Healthy active workplaces: Policy statement Making healthy choices easier*, Department of Sport and Recreation, Perth.
www.dsr.wa.gov.au/3351



5.1 *What questions should be asked?*

The questions contained in the following pages are designed to identify issues that might impact on the health and wellbeing of the community.

The questions are intended to help councillors to gain an insight into the health and wellbeing issues and needs of their community, including specific population groups.

They are not intended to cover every possible question, but to suggest areas of inquiry and to promote the habit of questioning throughout planning and decision-making processes.

Identifying an issue does not mean councillors have to provide the 'missing pieces'. In some instances, councillors might choose to respond by advocating for a service or changing a policy – but in others, a councillor might choose to encourage their local government to lobby other levels of government or to facilitate community action.

On first glance, these questions might appear daunting or overwhelming. However, it is not anticipated that councillors will try to answer each question. The questions are simply prompts to the types of health and wellbeing information and enquiry that local government staff would be considering when preparing local government plans, policies and services.

It is also important to recognise that much of the information and data being suggested might already be available from previous planning, community consultation and local government activities – so it is not starting from a zero base.

Prompting questions are provided for the broader community and specific population groups:

- whole of population
- older people
- young children
- young people
- Aboriginal people
- people from culturally and linguistically diverse backgrounds
- people with a disability
- people with mental illness
- economically disadvantaged people
- people from rural and remote areas.

Short examples used in this section illustrate how local government is responding to the challenges and opportunities in their communities. Some of these examples are complex projects while others are much simpler. It is important to remember that sometimes even small changes can have a considerable impact on health and wellbeing.

5.2 Health and wellbeing of the whole population

Population strategies are designed to create healthy environments: living and working conditions in which people can thrive.

When designing population strategies, it is important to identify resources that can be used to grow a stronger and healthier community. This includes organisations and leaders, volunteers, education providers and libraries, health and community services, recreational facilities and sporting clubs and local businesses.

It is also important to remember that most local government areas are made up of a number of different kinds of communities – some large, others small, some homogeneous and others diverse. The answers to the following questions might be quite different for the different areas within the local government boundaries.

P R O M P T I N G Q U E S T I O N S

Healthy food	Is there access to fresh, nutritious and affordable food?	<input type="checkbox"/>
	Are agricultural lands preserved?	<input type="checkbox"/>
	Is there support for local food production?	<input type="checkbox"/>
	Are there people missing out on meals?	<input type="checkbox"/>
Physical activity	Is incidental physical activity encouraged?	<input type="checkbox"/>
	Are there opportunities for walking, cycling and other forms of active transport?	<input type="checkbox"/>
	Is there access to usable and quality outdoor spaces and recreational facilities?	<input type="checkbox"/>
Housing	Does available housing support human and environmental health?	<input type="checkbox"/>
	Is there dwelling diversity?	<input type="checkbox"/>
	Is housing affordable?	<input type="checkbox"/>
	Are adaptable and accessible housing options available?	<input type="checkbox"/>
Alcohol and other drugs	Is harm being caused to the community resulting from use of alcohol or other drugs?	<input type="checkbox"/>
Transport and physical connectivity	How available are public transport services?	<input type="checkbox"/>
	Is there a reduction of car dependency?	<input type="checkbox"/>
	Is active transport encouraged?	<input type="checkbox"/>
	Is infill development and/or integration of new development with existing development encouraged?	<input type="checkbox"/>
Quality employment and education	Are jobs located near housing and commuting options?	<input type="checkbox"/>
	Is there access to a range of quality employment opportunities?	<input type="checkbox"/>
	Is there access to appropriate education and job training?	<input type="checkbox"/>

P R O M P T I N G Q U E S T I O N S

Economic development	Are there opportunities for local economic development?	<input type="checkbox"/>
	Where are the jobs and how can jobseekers be matched with these opportunities?	<input type="checkbox"/>
	What trader organisations and Chambers of Commerce and Industry exist?	<input type="checkbox"/>
	How can trader networking and cooperation be stimulated?	<input type="checkbox"/>
	How are traders and local businesses engaged?	<input type="checkbox"/>
Community safety	Is there a focus on crime prevention and sense of security?	<input type="checkbox"/>
	Is the community perception of crime supported by the evidence	<input type="checkbox"/>
Public open space	Is there access to public open space and natural areas?	<input type="checkbox"/>
	Are public spaces safe, healthy, accessible, attractive and easy to maintain?	<input type="checkbox"/>
	Do streetscapes encourage activity?	<input type="checkbox"/>
	Is there a sense of place, cultural identity and public art?	<input type="checkbox"/>
	Are places of natural, historic and cultural significance preserved?	<input type="checkbox"/>
Social infrastructure	Is there access to a range of facilities to attract and support a diverse population?	<input type="checkbox"/>
	Are existing (as well as projected) community needs and current gaps in facilities and/or services responded to?	<input type="checkbox"/>
	Does early delivery of social infrastructure occur?	<input type="checkbox"/>
	Is there an integrated approach to social infrastructure planning?	<input type="checkbox"/>
	Are there efficiencies in social infrastructure planning and provision?	<input type="checkbox"/>
Social cohesion and social connectivity	Do local environments encourage social interaction and connection among people?	<input type="checkbox"/>
	Are a sense of community and attachment to place promoted?	<input type="checkbox"/>
	Is there local involvement in planning and community life?	<input type="checkbox"/>
	Is there equitable access to resources that overcomes social disadvantage?	<input type="checkbox"/>
	Is there community severance, division or dislocation?	<input type="checkbox"/>
Environment and health	Is there good air quality?	<input type="checkbox"/>
	Is there good water quality and safety?	<input type="checkbox"/>
	Are there disturbance and health effects associated with noise, odour and light pollution?	<input type="checkbox"/>
	Is there potential for hazards (both natural and man-made)?	<input type="checkbox"/>
	Are there places or conditions that encourage pests and the potential for pest-borne disease?	<input type="checkbox"/>

Adapted from *Quick Guide: NSW Health Healthy Urban Development Checklist*

CASE STUDY

City of Mandurah - Health and Wellbeing Plan

The City of Mandurah recognised that many of its activities positively influence the health and wellbeing of the community; it wanted to be confident that the City's infrastructure and services would allow people to live a healthy lifestyle into the future.

The city's first health and wellbeing plan, produced in 2009 with assistance from the Department of Health, built on the work already being undertaken by the City to ensure that available resources are directed towards the health issues most afflicting the community, and towards the people in the community who will most benefit. Key groups include families living in low socioeconomic circumstances, people with physical and mental disabilities, Aboriginal people, young people and older people.

Developing the two-year plan involved the assessment of available health and demographic data, assessing key priorities in preventative health (priorities of both the state and federal government) and discussing opportunities with staff and partners to develop actions that were practical and achievable. This led to the identification of four key priority areas:

- physical activity and healthy eating
- alcohol-related harm
- shade and the prevention of skin cancer
- tobacco-related harm.

A critical part of the plan was acknowledging that improvements to the community's health require partnerships and support from all tiers of government; engagement with local community networks; and collaboration across many sections of the city. Plan development was guided by the following principles:

- linking to the city's Strategic Plan
- ensuring equity
- being proactive
- having a prevention focus
- sharing responsibility
- being truly community-centred
- working in real partnerships to add value.

This health and wellbeing plan is seen by the city as a strong starting point for achieving increased health and wellbeing but it is clear that many other health issues are important to the community.

Source: Report from Director Sustainable Development to Governance and Infrastructure Committee Meeting of 9 December 2009

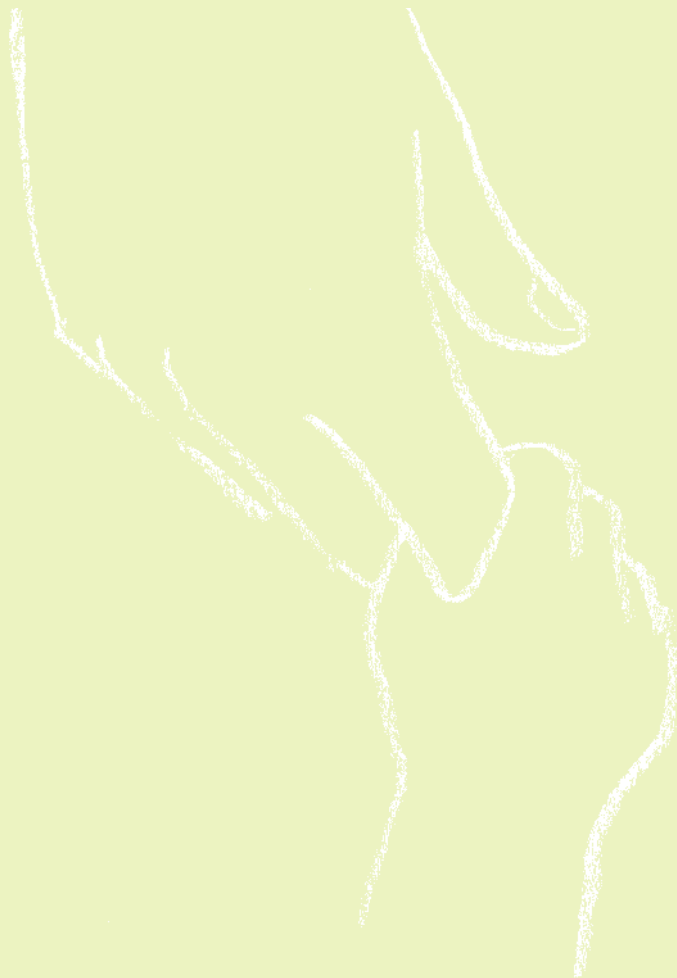


5.3 *Health and wellbeing of young children*

Childhood can be defined as the state of development between infancy and adolescence. Young children are generally described as ranging in age from birth to about 12 years of age.

This is a period of rapid growth and learning – there is dramatic brain development and physical, emotional and social development shaped by a barrage of new experiences. The opportunities and experiences of childhood, particularly early childhood (0 – 5 years), have long-lasting effects in adulthood. Early learning and development occurs predominantly through play and as children grow older, school becomes a key setting for learning.

It is also a time of dependency on adults, especially mothers, fathers, grandparents, guardians and carers. This dependency changes over time and as they get older, young children can play a greater role in decisions that affect them. It is important therefore to understand the similarities and differences between young children 0 – 5 years of age and those 6 – 12 years of age and to understand the role of families and parenting.



CASE STUDY

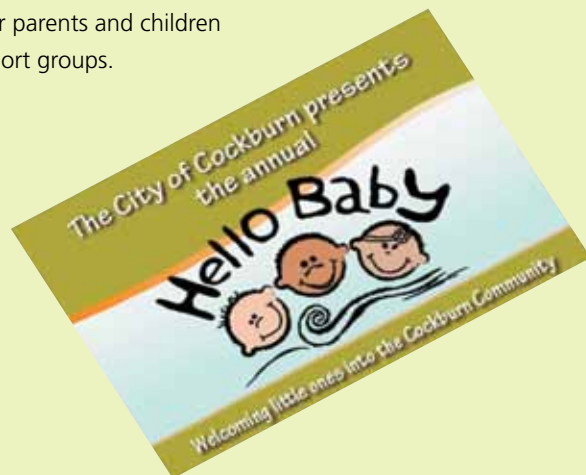
City of Cockburn – Hello Baby!

From the moment you are born in Cockburn you are made welcome. Each year the City of Cockburn invites parents, grandparents and carers to 'Hello Baby', a free event at which they can celebrate the babies in their lives.

Participants who come on the day receive a Welcome certificate for their baby (0-15 months) along with a parenting calendar that lets them know about Cockburn's Early Years service. This is a free service to families with young children aged 0-6 yrs who live in the city. The service provides practical help and information about parenting, and early learning, including:

- supporting parents in their parenting role
- providing a home visiting program for parents and their children
- providing information about children's emotional needs and suggesting ways to manage children's behaviour.
- helping parents learn to set limits while keeping a close and connected relationship
- providing practical help and information about young children's development and early learning
- providing information about language, fine motor skills, social/emotional development, and child behaviour
- loaning of play materials to referred families
- assisting parents to access services in the community

The Early Years program also runs groups for parents and children together, and parenting education and support groups.





5.4 Health and wellbeing of young people

Young people are generally described as between the ages of 12 and 25.

This is a broad age group made up of those attending school, college, and university, those employed, jobseekers and under-employed, and those from differing family and relationship situations. Young people with varying incomes and, importantly, adolescents making the transition to adulthood are also included.

Support and opportunities need to focus on high achievers and mainstream young people as well as those who might be 'at risk'.

Some young people can be a particularly vulnerable group in the community, as they face various life changes, and have limited life experiences and varying degrees of maturity to deal with them. Some might also have limited resources.

Support for vulnerable young people is particularly important in areas such as family relationships, personal relationships with partners and friends, access to adequate food and shelter, and mental health including depression and anxiety.

Young people are a group with enormous potential, and hold the leadership and the future of the community in their hands.

The experiences of people during this stage of their lives will determine how they contribute to their communities in the future. These experiences might also determine if young people stay in the district or seek opportunities elsewhere.

P R O M P T I N G Q U E S T I O N S

Geographic and demographic	How many and where are the young people in the local area, and what are their characteristics – such as age and gender?	<input type="checkbox"/>
Community attitudes and participation	Are there opportunities for young children, where they are able, to participate in decisions that affect them or their communities?	<input type="checkbox"/>
	How are young people encouraged and supported to participate in the community, and provide input into decisions affecting the local area?	<input type="checkbox"/>
	Who else has an interest in young people, and what scope is there for local government to work together with them? How do local government programs and policies work with other local, state and federal initiatives for young people?	<input type="checkbox"/>
Consultation processes	How do young people actively participate in community planning and decision-making?	
	What processes and procedures have been established to consult with young people?	<input type="checkbox"/>
	What training and support is provided to encourage this?	<input type="checkbox"/>
	How is meaningful participation in consultation processes by young people ensured?	<input type="checkbox"/>

P R O M P T I N G Q U E S T I O N S

Consultation processes	<p>What are the existing links with youth advisory committees and other youth organisations? When and how are these groups invited to participate in community consultation processes? <input type="checkbox"/></p> <p>How do consultation processes with young people contribute to positive community perceptions about young people? <input type="checkbox"/></p> <p>How is the outcome of consultations with the community and young people reported back to young people? <input type="checkbox"/></p>
Sense of place	<p>What places do young people feel a sense of belonging? Where do they like to 'hang out'? Why are these places important to them <input type="checkbox"/></p> <p>What are the initiatives designed to encourage young people to stay in the district – or return later in life, if they move away? <input type="checkbox"/></p>
Health and wellbeing needs and issues	<p>Are there any barriers to young people having access to healthy and nutritious food? <input type="checkbox"/></p> <p>What opportunities are there for young people to be involved in recreational and entertainment activities? <input type="checkbox"/></p> <p>How do young people develop and maintain friendships and relationships? <input type="checkbox"/></p> <p>What are the aspirations of young people and how can these be supported and realised? <input type="checkbox"/></p> <p>What initiatives are in place for young people who would not be described as disadvantaged or vulnerable? <input type="checkbox"/></p>
Services and support	<p>What services and support are needed for young people in the local area who might:</p> <ul style="list-style-type: none"> • be homeless or needing accommodation? • be using or abusing drugs or alcohol? • be exposed to violence or abuse? • need information/support on sexuality, pregnancy or family planning? • need suicide or other counselling? <p><input type="checkbox"/></p> <p>Do young people actually use existing services? Are the services linked so that they can readily get the services they need? <input type="checkbox"/></p> <p>What action has been taken in relation to any gaps in services? <input type="checkbox"/></p> <p>What programs and policies are in place to help create a more supportive environment for young people at risk?</p> <ul style="list-style-type: none"> • social support programs • employment • volunteering • friendship networks • social skills • rental support <p><input type="checkbox"/></p> <p>What are the education/training, employment and income opportunities for young people in the area? <input type="checkbox"/></p>
Funding and resources	<p>What other external funding is available for initiatives involving young people? <input type="checkbox"/></p>

CASE STUDY

Town of Kwinana – LyriK Youth Incentive Program

The LyriK (Leadership, Youth, Respect in Kwinana) Youth Incentive Program was launched in 2007 as a way of acknowledging the contribution of young people to the community. This simple yet effective reward and recognition scheme has subsequently expanded into a comprehensive youth development model comprising the following elements:

- **Awards ceremonies**, where young people can be nominated for recognition awards in the categories of Respect, Mateship, Achievement, Leadership and Teamwork.
- **Leadership camps**, held three times a year. The camps provide off-site opportunities for young people to practise their leadership and communication skills.
- **Konnect Magazine**, a publication written by young people for young people. It is published three times a year in conjunction with the LyriK awards ceremonies.
- **Junior and senior media groups**, the heart of the Konnect magazine - comprised of groups of young people contributing articles, reviews, stories and more in their spare time.
- **Workshops**, run monthly, develop young people's self-awareness, communication and leadership skills.
- **Projects**, which provide young people with the opportunity to apply for a grant of \$500 – \$1000 to spend on a project benefiting the Kwinana community. The program provides ongoing support and assistance for these initiatives.
- **Youth mentoring**, matching young people with community volunteers passionate about developing the young people personally and professionally.

Most importantly LyriK has proven to be very successful with young people in Kwinana, having engaged individually with over 600 young people since it began. LyriK as a brand has developed strong prominence, reinforcing the positive role of young people in the community.

Schools are strongly supportive and actively participate in the development of the program by nominating young people for recognition of their achievements and facilitating the involvement of LyriK staff in the different facets of the school community. This assists in ongoing promotion of the program within schools. Community groups also provide nominations, promotion within the community and other support to the various elements of the LyriK program.

LyriK would not be so successful without the strong support of its sponsors, Coogee Chemicals, Alcoa, BHP Billiton, the Town of Kwinana and Eclipse Resources. These sponsors provide funds to coordinate the program. They also undertake valuable advocacy within their own organisations and the community, and provide advice and guidance through their involvement on LyriK's Advisory Group.

Sources: www.kwinana.wa.gov.au/standard.asp?pg=209 and www.lyrik.com.au



5.5 *Health and wellbeing of older people*

In many people's minds, ageing implies illness, disability and a high need for services, especially hospitals and nursing homes. It is important to remember that the vast proportion of older people (65 years plus) are healthy and can stay that way if their physical, social and economic environments are suitable - that is, if shopping centres are accessible, footpaths are safe and appropriate transport and other services are available, and so on.

Older people represent a huge potential resource to the communities in which they live. They have knowledge, skills and experience to contribute to planning for the future, solving community problems and providing support for others.

For the minority of the population who are frail and suffering from chronic illness or disability, there are approaches to service delivery and care that can help them maintain their independence and remain in their community of choice.

In many areas the proportion of older people in the community is increasing and therefore the importance of planning for the health and wellbeing of this population group continues to grow.

The focus of health and wellbeing planning for older people is about positive ageing and ageing well.



P R O M P T I N G Q U E S T I O N S

Geographic and demographic	<p>What is the proportion of older people in the local community? What is their social and health profile?</p>	<input type="checkbox"/>
Community attitudes and participation	<p>What local spaces, buildings and landmarks support older people's interests? Are there opportunities for older people to contribute their accumulated knowledge and experience to the community? Is their participation as volunteers and community leaders valued and acknowledged? What opportunities and supports exist for their participation in planning and decision-making? Are public places accessible and safe for older people? Do they feel welcome and safe in public spaces? What linkages are made between generations? Are there intergenerational programs or activities in the community?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Consultation processes	<p>Who are the people and organisations with useful information and data about older people (for example, Seniors Recreation Council, Nursing home operators, in-home care providers, University of the Third Age, Probus Clubs, and so on)?</p>	<input type="checkbox"/>
Carers	<p>What support is available to the carers of frail elderly people to assist them in their caring role?</p>	<input type="checkbox"/>
Services and support	<p>Are there appropriate health and community services for older people, given their social and health profile? Are there older people who are isolated from community life? Why? What is being done to link them to the rest of the community? What recreational and cultural activities are designed for older people? What support is available for frail elderly people to help them to keep living in the community? Are services linked so that people can readily get the services they need? What planning is in place for conditions where older people are particularly vulnerable – for example, extreme cold or hot weather?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Funding and resources	<p>What additional external funding sources might be accessed for positive ageing projects, activities and initiatives?</p>	<input type="checkbox"/>

CASE STUDY

Shire of Murray – Bringing broadband to seniors

Seniors in the Shire of Murray have responded enthusiastically to the offer of one-on-one tuition in computers and the internet available at the Murray Library.

Seniors are known to be keen users of public libraries, and one of the Murray Library's senior patrons suggested that the library take advantage of the Broadband for Seniors program, a federal government initiative offering internet kiosks comprising two computers, furniture and broadband connection.

Happily the same patron who suggested the idea came forward and with a number of others has launched a volunteer computer tutoring program for seniors. The program has been running for eleven months and to date 80 or so people have received assistance ranging from basic web surfing and email skills to using 'Skype' to keep in touch with family and friends.

Most have computers at home or have been to classes, but being able to ask questions and move at their own pace has made all the difference in assisting people to really engage with new technology.

Source: www.murray.wa.gov.au/library/Broadband%20for%20Seniors



5.6 Health and wellbeing of Aboriginal people

Note: This guide uses the term 'Aboriginal people' to refer to both Aboriginal and Torres Strait Islander people living in Western Australia, whether they are local or from other parts of Australia. Aboriginal people might also refer to themselves according to the language clan group of their family's ancestral lands. The guide only uses the terms 'Indigenous' or 'Torres Strait Islander' when these terms are part of a report or program.

There is overwhelming evidence that the health and wellbeing of Aboriginal people does not compare favourably with the non-Aboriginal population. Aboriginal people, for example, suffer higher rates of diabetes and heart disease and have shorter life spans.

These conditions exist in the context of poor employment and education prospects and past and continuing racist and discriminatory practices.

Aboriginal people have a great deal to contribute to their own communities and to the broader communities they live in.

Planning for the health and wellbeing of Aboriginal people means addressing health inequalities; listening to needs and views; creating opportunities for self-determination and self-management; creating access to both Aboriginal and mainstream services; appreciating Aboriginal culture and building on the strengths of the Aboriginal community.

P R O M P T I N G Q U E S T I O N S

Geographic and demographic	What is the size, location and demographic profile of the Aboriginal population?	<input type="checkbox"/>
Community attitudes and participation	How is the Aboriginal community's development fostered in a way that builds on the strengths and assets of Aboriginal people, families and communities?	<input type="checkbox"/>
	How is Reconciliation reflected in local government policies and programs?	<input type="checkbox"/>
	What activities bring Aboriginal people and non-Aboriginal people together to demonstrate a commitment to Reconciliation?	<input type="checkbox"/>
	What opportunities and/or mechanisms exist for Aboriginal people to become involved in key policy initiatives?	<input type="checkbox"/>
	What mechanisms do Aboriginal people have to participate in local decision making at all levels? What opportunities exist for Aboriginal people to have a meaningful say in planning?	<input type="checkbox"/>
	How are other stakeholders or sectors within the community encouraged to work effectively together to support initiatives that positively contribute to healthy Aboriginal families?	<input type="checkbox"/>
	How are barriers that prevent participation of Aboriginal people with a disability removed?	<input type="checkbox"/>

P R O M P T I N G Q U E S T I O N S

Consultation processes	<p>What culturally appropriate mechanisms have been established with Aboriginal communities? <input type="checkbox"/></p> <p>How are Aboriginal communities engaged to ensure that strategies and planning processes relating to emerging health issues of national significance (e.g. pandemic illnesses) take account of Aboriginal people's needs? <input type="checkbox"/></p> <p>How is the outcome of consultations with the community and Aboriginal people reported back to them? <input type="checkbox"/></p>
Culture and tradition	<p>How are Aboriginal people supported to engage in traditional cultural practices? <input type="checkbox"/></p> <p>What Aboriginal languages are taught locally? <input type="checkbox"/></p> <p>What landmarks and places have cultural significance? To what extent do non-Aboriginal people understand and appreciate the significance of these places? <input type="checkbox"/></p> <p>How can Aboriginal models of health and traditional healing be recognised and valued? <input type="checkbox"/></p>
Health and wellbeing needs and issues	<p>What is their health and wellbeing status, in general? Are they suffering disproportionate burdens of specific diseases, injuries, disabilities and/or social issues/needs? <input type="checkbox"/></p> <p>What formal relationships exist with organisations run by Aboriginal people to ensure that planning, funding and delivery of services improve Aboriginal people's health outcomes? <input type="checkbox"/></p> <p>How can mainstream services be improved for Aboriginal people? <input type="checkbox"/></p> <p>How are health inequalities for Aboriginal people being addressed? <input type="checkbox"/></p>
Services and support	<p>Are there specialised health and community services and programs designed with and for Aboriginal people? Are Aboriginal people encouraged and supported to develop and manage their own services? <input type="checkbox"/></p> <p>Do Aboriginal people have access to mainstream services? What are the barriers to accessing these services? <input type="checkbox"/></p> <p>What are the education and training programs designed to lead to employment for Aboriginal people? <input type="checkbox"/></p> <p>How many Aboriginal people do local government employ? <input type="checkbox"/></p> <p>Are there organisations run by Aboriginal people that can provide social support and networks? Do these organisations provide links to mainstream opportunities – education, jobs, recreational and social? <input type="checkbox"/></p> <p>Is there affordable housing that is designed with Aboriginal people's lifestyle and culture in mind? <input type="checkbox"/></p>
Funding and resources	<p>What are the additional external funding sources that might be accessed for projects, activities and initiatives for Aboriginal people? <input type="checkbox"/></p>

CASE STUDY

City of Cockburn – Active engagement with Aboriginal people

The City of Cockburn has a commitment to encouraging the participation of its Aboriginal community in decisions that affect them. This includes the development and implementation of culturally appropriate community development programs, services, activities, events and projects for Aboriginal residents living in the City of Cockburn.

This commitment has led to the establishment of an Aboriginal Reference Group comprising local Aboriginal people from all walks of life.

The City of Cockburn Aboriginal Community Development Officer meets regularly with the Aboriginal Reference Group to:

- support local Aboriginal Community Groups and projects
- develop culturally appropriate policies and strategies
- build stronger links and improved communication between the Aboriginal Community and the City of Cockburn.

Source: www.cockburn.wa.gov.au/community_services/aboriginal_services/default.asp



CASE STUDY

Department of Local Government – Reconciliation Action Plan

Reconciliation Action Plans (RAPs) are an initiative of Reconciliation Australia and provide a framework for the future, detailing steps and priorities to achieve Indigenous equality and to work towards closing the 17-year gap in life expectancy between Indigenous and other Australians.

In late 2008 the Department of Local Government and Regional Development developed and adopted a Reconciliation Action Plan.

The Department's Reconciliation Action Plan sets out the practical ways in which the Department will further develop a positive future with Indigenous people. Key areas include:

Relationships

The Department values compassionate and open-minded service to stakeholders and customers from diverse cultural backgrounds, offering mutual respect and support to achieve outcomes.

Respect

Recognising the contribution of Indigenous people in Australia's achievements enables the Department to be more confident in the actions taken to achieve RAP outcomes.

Opportunities

The Department will create opportunities for Indigenous people through a process of inclusion and participation in its dealings with stakeholders to improve the circumstances of Indigenous people.

The Department of Indigenous Affairs can provide advice and assistance to local governments wanting to develop a Reconciliation Action Plan. Contact the Department of Indigenous Affairs on (08) 9235 8086.

Source: www.reconciliation.org.au/home/reconciliation-action-plans/who-has-a-rap/-/state-government/wa

5.7 Health and wellbeing of people with a disability

In Western Australia, people with disabilities make up approximately 20% of the population; 13% of Western Australians care for someone with a disability. They are from all age groups, ethnic backgrounds and socio-economic groups, and live in all areas.

Types of disability include physical, intellectual, psychiatric, sensory and acquired brain injury. Some people are born with a disability and others acquire them through accidents, chronic illnesses, age-related health issues and other factors.

Barriers might exist in employment, education, accommodation, support services, mainstream services, recreation, access to information and access to the built environment. Disabling environments and attitudes often impact more on a person than a specific impairment does.

Providing good accessible services and facilities for people with disabilities often means better access for others too – for example, parents with prams, people coping with temporary injuries, people with limited literacy in English, older people and so on.

People with disabilities have the right to participate in everything on offer to everyone else. To achieve a truly inclusive community, disability-related barriers must be overcome.

It is important for health and wellbeing planning processes to recognise the potential of people with disabilities and the opportunities for them to contribute to the community.

P R O M P T I N G Q U E S T I O N S

Geographic and demographic

How many people with a disability live in the community and in what areas?
What are their characteristics – such as age and gender?

Community attitudes and participation

What are the local community's attitudes towards disability?

How is the local community (including but not limited to local businesses, shops, volunteer organisations, sport and recreation facilities, playgroups and crèches, civic centres, libraries and schools) encouraged to welcome people with disabilities and support them to be active participants?

What opportunities exist for people with disabilities to develop networks, friendships and a social life with the rest of the community?

How are mainstream committees, focus groups and advisory groups inclusive of people with disabilities?

How well does the built environment present opportunities for people with disabilities to participate in the full range of economic, social, cultural and recreational activities in the community?

Do local media feature positive stories about people with disabilities or do they tend to perpetuate negative or outdated stereotypes?

P R O M P T I N G Q U E S T I O N S

<p>Consultation processes</p>	<p>How do people with disabilities participate actively in community planning and decision-making? What processes and procedures have been established to consult with people with disabilities? What training and support is provided to encourage this? <input type="checkbox"/></p> <p>How is meaningful participation in consultation processes by people with disabilities ensured? <input type="checkbox"/></p> <p>What are the existing links with disability advisory committees or advocacy organisations? When and how are these groups invited to participate in community consultation processes? <input type="checkbox"/></p> <p>How do consultation processes with people with disabilities promote community integration and remove stigma or isolation? <input type="checkbox"/></p> <p>How are disability-related barriers identified and addressed in the design of all consultation processes? <input type="checkbox"/></p> <p>How are community consultation processes able to meet the needs of people with disabilities and people with mobility difficulties - physical access to buildings, attendant care support, AUSLAN interpreters, transport, written material, and so on? <input type="checkbox"/></p> <p>How is the outcome of consultations with the community and people with disabilities reported back to people with disabilities? <input type="checkbox"/></p>
<p>Carers</p>	<p>Does the community have adequate supports for carers of children and adults with a disability? This might include funded services such as formal respite options, as well as more informal supports within the community. <input type="checkbox"/></p>
<p>Services and support</p>	<p>What housing and support alternatives are available to accommodate people with disabilities? <input type="checkbox"/></p> <p>Do local government planning processes support and encourage sustainable, innovative and affordable housing options for people with disabilities? <input type="checkbox"/></p> <p>Does the community have a range of attractive, affordable and age-appropriate recreation and leisure options that are accessible to people of all abilities? If not, what changes could be made for this to happen (e.g. improving physical access, or purchase and installation of equipment)? <input type="checkbox"/></p> <p>What services, transport and supports allow adults with disabilities to live independently in the community and allow choice in meeting their needs? <input type="checkbox"/></p> <p>What services or supports are available to make the community as safe as possible for everyone, but particularly for those who might have some specific vulnerability? This might include funded services and supports such as maintenance of lighting, footpaths, security patrols and the Eyes on the Street program, as well as strategies for encouraging informal safeguards – for example, encouraging neighbours to meet and look out for each other. <input type="checkbox"/></p>
<p>Funding and resources</p>	<p>What are the additional external funding sources that might be accessed for projects, activities and initiatives for people with disabilities? <input type="checkbox"/></p>

CASE STUDY

City of Melville – People with disabilities getting active

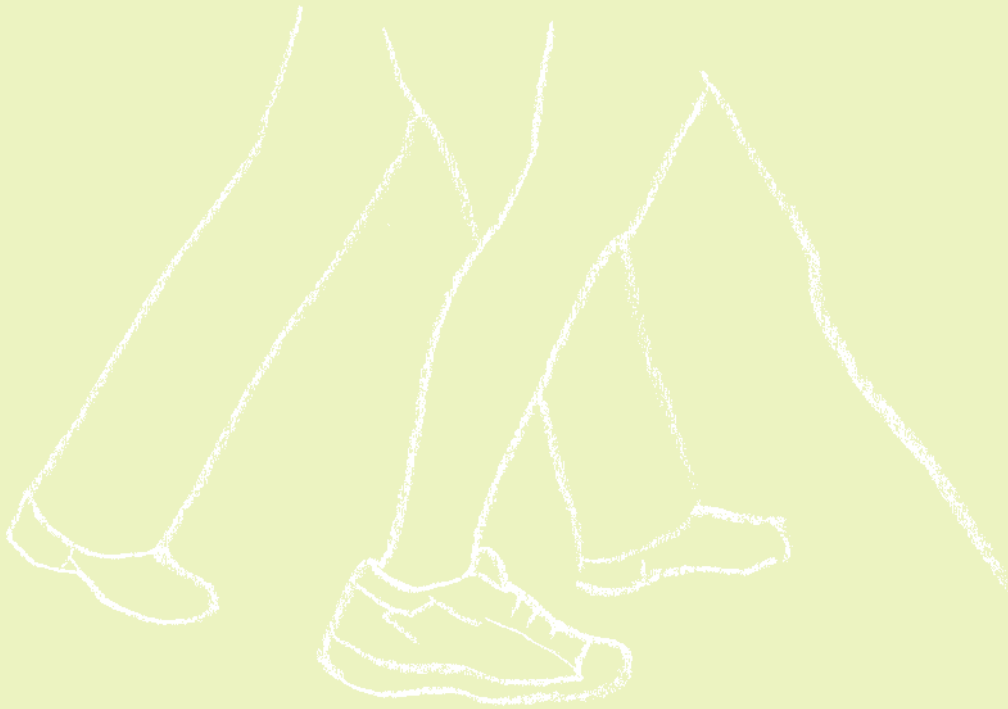
The City of Melville received a State award for two of its initiatives to improve access and inclusion for all people in the municipality.

The City established the Activelink program in 2006 with funding from the Department of Sport and Recreation to increase access to sport and recreation activities for people who have a disability, are indigenous or from a CALD (culturally and linguistically diverse) background and who experience barriers to participation such as difficulties with transport, finances and finding support people.

The project involves community organisations distributing vouchers to eligible people to cover the cost of items such as entrance fees, equipment, transportation or a support worker. A large number of vouchers have so far been issued for activities such as swimming lessons, archery classes, golf, karate classes and gym membership.

The other initiative that the City of Melville won the award for was the creation of the Piney Lakes Sensory Playground, in Winthrop. The playground, which was developed with extensive community consultation, includes special equipment and artworks that stimulate the user's senses through a wide variety of sounds, smells, kinaesthetic and tactile sensations. It aims to facilitate meaningful exploration, play and leisure activity for children and adults of all abilities.

Source: www.melvillecity.com.au/news-folder/two-melville-initiatives-counted-as-best-in-wa





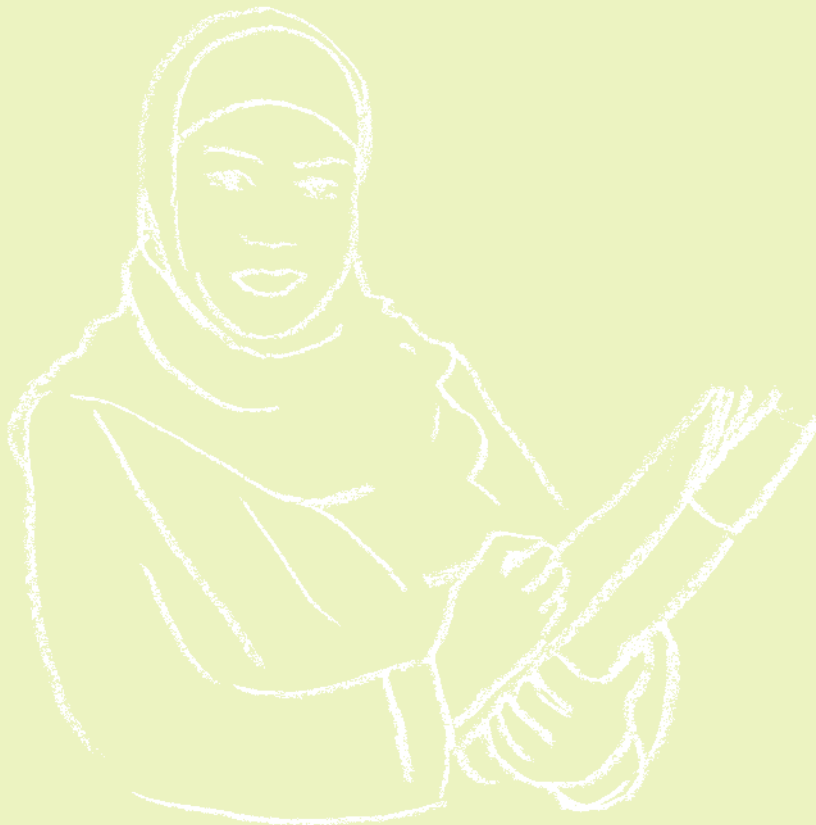
5.8 *Health and wellbeing of people from culturally and linguistically diverse backgrounds*

Australia is a culturally and ethnically diverse nation. Migration from all over the world has added to an already diverse Aboriginal population. For the purpose of this work, diversity is understood to describe the fact that Australians have different cultural, religious and language backgrounds, and they naturally differ in age, gender, race, colour and ability. This diverse population presents huge challenges and opportunities.

Recent intakes of refugees and asylum seekers from Africa and many other countries have further changed the cultural, language and ethnic profile of many communities.

It is important to ensure that services are accessible and appropriate for a diverse range of people. Sometimes this requires special programs (e.g. counselling for victims of torture and trauma) and significant outreach efforts (e.g. supporting non-English-speaking women to have regular pap smears and breast checks). In all instances, it means training staff in mainstream services to understand the special needs of Australia's diverse communities.

In order to develop appropriate and accessible services, representatives of culturally and linguistically diverse groups must be engaged in service planning, development and evaluation.



P R O M P T I N G Q U E S T I O N S

Geographic and demographic	<p>What is the ethnic, linguistic and cultural make-up of the community? Is there a dominant culture, language or ethnicity?</p> <input type="checkbox"/>
Community attitudes and participation	<p>To what extent does the community promote itself as a diverse community? In what ways is its diversity expressed?</p> <input type="checkbox"/> <p>How well does the built environment present opportunities for members of ethnic and cultural groups to participate in the full range of economic, social, cultural and recreational activities in the community?</p> <input type="checkbox"/> <p>Who is delivering services, planning services and forming policy? To what extent can multicultural groups impact on service planning and delivery and policies?</p> <input type="checkbox"/> <p>How are groups assisted to do this? For example, are interpreters freely available? Are consultations undertaken in languages other than English? Are reference groups composed of diverse stakeholders?</p> <input type="checkbox"/> <p>To what extent do people of different ethnic, linguistic and cultural backgrounds participate in the significant activities of the community? For example, who attends local Australia Day Celebrations? What is the ethnic background of people attending local football matches, maternal child health centres and public meetings to discuss traffic management or community safety initiatives?</p> <input type="checkbox"/> <p>Is there widespread participation in (and celebration of) ethnic cultural activities?</p> <input type="checkbox"/> <p>How are people from different cultures engaged, supported and included in the community?</p> <input type="checkbox"/> <p>Are there strong ethnic community organisations in which people can participate?</p> <input type="checkbox"/>
Consultation processes	<p>What are the formalised procedures that have been established to consult with people from culturally and linguistically diverse backgrounds?</p> <input type="checkbox"/> <p>To what extent are members of ethnic and cultural groups in the community consulted and involved in community planning and decision-making? How do they participate?</p> <input type="checkbox"/> <p>Has there been an attempt to identify the specific priorities and needs of the ethnic populations in the community? What are the strengths and resources they have to offer?</p> <input type="checkbox"/>
Services and support	<p>Are services responsive to the unique needs of specific ethnic and cultural groups? Are services culturally appropriate? Are there special services to meet unique needs?</p> <input type="checkbox"/> <p>Are staff encouraged to participate in cultural awareness and communication training? Is this training regularly available?</p> <input type="checkbox"/>
Funding and resources	<p>What are the additional external funding sources that might be accessed for projects, activities and initiatives for people from culturally and linguistically diverse backgrounds?</p> <input type="checkbox"/>

CASE STUDY

City of Gosnells – Welcoming diversity

The City of Gosnells is a rapidly growing area with a population in excess of 95,000 and a cultural diversity of more than 70 different multicultural groups with more than 80 languages spoken.

The City works closely with a number of diverse community groups with the aim of building capacity and facilitating community-based projects that promote awareness and communal harmony (for example, the Muslim Charity community, the Polynesian community, Langford Aboriginal Association, Australian Asian Association and the Dutch community). Cultural awareness training is also provided for community groups so that they can improve their communication with people from diverse cultures.

The City of Gosnells celebrates the rich cultural diversity of its community and supports an array of multicultural and Indigenous community development opportunities. This includes the Food Fair, a hugely popular annual event that has been designed to showcase the diversity of our community through dance, music, costume and food and draws thousands of people together. The Food Fair puts into action the best principles of community development, harmonious communities and the active promotion of multiculturalism. The City also celebrates Harmony Week with activities including a Multicultural Film Night at a local theatre.

Source: www.gosnells.wa.gov.au/scripts/viewoverview_contact.asp?NID=11928





5.9 Health and wellbeing of people with mental illness

The prevalence of mental illness, especially depression, is increasing in communities in Australia and around the world. While health systems struggle to deal with people who experience severe mental illness such as schizophrenia, bipolar illness and personality disorders, many mild or moderate conditions go undetected. However, mild issues can easily escalate into major mental illnesses, which are debilitating for individuals and families.

There is still a stigma attached to mental illness. This is a barrier to some people seeking appropriate help, and it discriminates against those who display challenging mental, social and emotional behaviours associated with their illness.

Additional difficulties are posed by the frequency of people with mental illness also having drug and alcohol issues. This complexity requires multidisciplinary and well-coordinated approaches to service delivery, care and support.

Appropriate treatment, and community and service provider understanding and support, can create mental wellness, which enables this population group to be active and valued contributors in the community.

P R O M P T I N G Q U E S T I O N S

Community attitudes and participation	<p>Does the built environment promote a sense of place, of safety, of belonging, of aesthetics, participation and community pride for people with a mental illness? <input type="checkbox"/></p> <p>Are there efforts to improve the community's understanding and acceptance of people with mental health issues? How is this reflected in local government policy? <input type="checkbox"/></p> <p>Is information about mental health, mental illness, prevention and treatment options readily available in the community? <input type="checkbox"/></p>
Consultation processes	<p>What are the formalised procedures that have been established to consult with people with mental illness? <input type="checkbox"/></p>
Services and support	<p>What is the community doing to promote mental wellbeing? Where are there 'early warning systems' in schools and workplaces, for example? Are 'high risk' populations targeted for interventions (e.g. teenage single mothers, who are highly susceptible to post-natal depression)? <input type="checkbox"/></p> <p>Does the community encourage and facilitate support groups for people with mental illness? <input type="checkbox"/></p> <p>Are there adequate services for people with acute needs? Are these services easily accessible? Are they integrated with other services to reduce stigmatisation? <input type="checkbox"/></p> <p>Are there multidisciplinary approaches for people with multiple needs, such as mental illness, alcohol abuse and drug addiction? Is there collaborative support between services and programs? <input type="checkbox"/></p> <p>What support is available for children whose parents suffer from mental illness? <input type="checkbox"/></p> <p>What support is available for families who have a mentally ill family member? <input type="checkbox"/></p>
Funding and resources	<p>What are the additional external funding sources that might be accessed for projects, activities and initiatives for people with mental illness? <input type="checkbox"/></p>

CASE STUDY

City of Rockingham – Act Belong Commit

The City of Rockingham has led the way by launching a world-first mental health promotion campaign aimed at preventing the onset of mental health problems, by encouraging everyone to do things to look after their mental wellbeing.

Mental health conditions are increasing around the world and are currently responsible for approximately one third of the total 'burden of disease', indicating the increasing importance of mental health promotion/prevention and early detection/intervention activities. This is why the Act-Belong-Commit campaign aims to increase individual resilience and build community cohesion to prevent the onset of mental health problems.

The campaign is running state-wide over the next three years and is being coordinated in Rockingham by a local Act-Belong-Commit project officer. The campaign targets the general population and encourages everyone to do things to keep mentally healthy, just like we do things to stay physically healthy.

The positive mental health message is based around the ABC guidelines for positive mental health:

- **Act** – keep mentally, physically and socially active
- **Belong** – maintain and create new social connections, become involved in local groups, attend community events
- **Commit** – take up a cause, volunteer, commit to something that brings meaning and purpose to your life.

The campaign works by promoting events and activities based in Rockingham as great ways for people to look after their mental health, from sporting activities to volunteer opportunities and community events. The Local Project Officer can also assist a community group or organisation to apply for Healthway funding to host an activity or event.

Visit the Act Belong Commit website: www.actbelongcommit.org.au

Source: www.rockingham.wa.gov.au/City-and-community/Health-and-support/Health-and-wellbeing.aspx



5.10 Health and wellbeing of people living in rural and remote areas

'People living in rural and remote areas' refers to people living in non-metropolitan areas - that is, population centres of less than 100,000 people.

There is wide diversity between rural and remote areas. Demographic, socio-economic and many other factors mean that general statements about rural or remote areas and people should be treated with caution.

Declining population can be an issue for many small communities; for example, many young people need to leave the area to gain employment, training or higher education. This can also lead to an increasing percentage of older people in rural areas.

People in rural areas can be more exposed to the extreme impacts of environmental factors such as drought, flood and bushfire on their livelihoods and personal lives. The distance from metropolitan centres can also affect access to healthy and nutritious food and other goods and services that are time-critical.

Distribution of information and access to services can often be more difficult due to geographical coverage. The arrival of low-cost technology and access to the internet might improve this; however, word of mouth or the 'bush telegraph' remains a very important communication process in rural areas.

Relative isolation can also create strengths in rural and remote communities, which is difficult to replicate in metropolitan and urban environments. This strength of community and the resilience of people in more remote and extreme environments is a unique characteristic, which might be factored in when planning for community health and wellbeing.

Questions about the health and wellbeing of rural communities are additional to the 'Questions about population health and wellbeing'. Local action should be underpinned with local analysis and consultation.

P R O M P T I N G Q U E S T I O N S

Community attitudes and participation	<p>What are the unique challenges facing people living in the remote and rural area? <input type="checkbox"/></p> <p>Are there efforts to improve the community's understanding and acceptance of people? <input type="checkbox"/></p> <p>What are the opportunities available to people living in the remote and rural area? <input type="checkbox"/></p> <p>How can social activity and engagement in the community be encouraged and supported? <input type="checkbox"/></p> <p>Where are the community activity centres and facilities? <input type="checkbox"/></p>
Consultation processes	<p>Who else has an interest in the health and wellbeing of people living in the remote and rural area or areas – taking into account social, economic and environmental perspectives? <input type="checkbox"/></p> <p>What scope is there for local government to work together with them? How do local government programs and policies work with other local, state and federal initiatives in the area? <input type="checkbox"/></p>
Services and support	<p>What does the service system look like? What is available locally and what requires a visit to a major service centre? <input type="checkbox"/></p> <p>How can services be modified to promote accessibility for people living in rural and remote areas? <input type="checkbox"/></p> <p>How can technology be used to bridge geographical challenges to communication and service needs? Is there adequate communications infrastructure? Do residents have adequate skills? <input type="checkbox"/></p> <p>How can transport challenges be overcome? <input type="checkbox"/></p> <p>What can be done to prepare for and respond to crises that affect the whole community, such as drought, fire, flood, major road fatalities, poor harvest, and school closures? <input type="checkbox"/></p> <p>How can the capacity and the resilience of communities be increased? <input type="checkbox"/></p> <p>What seasonal issues need to be considered in providing services to support individuals, families and communities? <input type="checkbox"/></p>
Funding and resources	<p>What are the additional external funding sources that might be accessed for projects, activities and initiatives for people living in rural and remote areas? <input type="checkbox"/></p>

CASE STUDY

Shire of Waroona – Health and Community Resource Centre

The purpose of the Waroona Health and Community Resource Centre is to serve the community through promoting social health, personal and community development, and providing access to information and modern technology.

Located on the Shire of Waroona site, the centre brings together a community resource centre (Telecentre), family support services, doctors' surgery and other health professionals.

All services work cooperatively to offer a high level of service to the community by:

- seeking to promote social health. This includes empowering families and individuals to increase control over their own wellbeing by creating an environment in which this can take place.
- aiming to foster and promote educational and cultural activities and in these ways relieve delinquency, helplessness, distress, poverty, illness, and ultimately improve the quality of life.
- striving to enhance and develop parenting skills.
- endeavouring to perform any other tasks consistent with these objectives as decided by the Centre.

The centre represents an innovative response to the needs of rural population by providing a single hub for a wide range of key services.

Source: www.waroonacommunitycentre.org.au





5.11 Health and wellbeing of economically disadvantaged people

The impact of poverty on health is inescapable. Those people and families on a low income are more likely to experience illness, disability and premature death than those with greater economic means. There is also ample evidence that large gaps between the 'haves' and the 'have-nots' increases the vulnerability of those on the lower end of the socio-economic scale.

Therefore, the challenge is to provide both a safety net for individuals and families in crisis, and springboards that allow them to establish and maintain economic stability and security. Together, these will increase the opportunities for people to maximise their potential.

Attracting new businesses and supporting existing ones to grow can also increase opportunities for people on low incomes.

People and families on low incomes have strengths, life experiences and skills from which the broader community might benefit. Planning processes need to remove barriers to people on low incomes participating in the community and community decision-making processes, to ensure that opportunities for their ideas and contributions are included.



CASE STUDY

City of Armadale – Putting nutritious food within reach

Putting an apple in the lunch box sometimes requires a helping hand. A new City of Armadale program, supported by the Hills Orchard Improvement Group (HOIG), will provide fresh fruit each week for hundreds of local primary school children.

HOIG, a group of 75 orchardists located throughout Roleystone, Karragullen, Pickering Brook and Carmel, is kindly donating surplus fruit to schools participating in the City of Armadale's Fruit in Schools program.

'By providing surplus, seasonal produce at no cost to participating local primary schools they are giving some children who would normally miss out, the chance to regularly enjoy fresh fruit.'
Cr Linton Reynolds said.

This initiative will also support existing programs such as the Foodbank Breakfast Clubs operating in some of our primary schools and the Crunch and Sip program, which encourages kids to take fruit and water breaks.

The City of Armadale, which devised the Fruit in Schools program, is providing further assistance to participating school parents and citizens associations with small start-up grants to cover fuel costs for collection of the fruit from Roleystone each week. It is hoped that schools will be able to allocate funds to continue with the collection of the fruit in the future.

The City of Armadale has been active at home too. In partnership with Australian Red Cross and Minnowarra Community House, the City supported FOODcents workshops. At each workshop, participants learned how to cook healthy, tasty meals; how to save money on their weekly food bill; and how to improve their family's health through good food choices – including packing a healthy lunchbox.

Source: www.armadale.wa.gov.au/Home/Publications/Media_Releases/2010/February/City_and_orchards_support_Fruit_in_Schools_program



SECTION SIX: KEEP PLANNING FOR THE FUTURE



This guide reinforces the importance of health and wellbeing in the lives of individuals and of communities. Figure 9 illustrates the features of a healthy council that lead to a healthy community.

Figure 9:

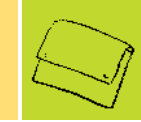
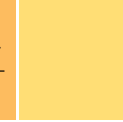
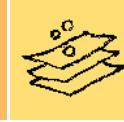
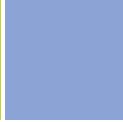
A healthy council demonstrates...



A healthy community is characterised by...

- a clean, safe physical environment of a high quality (including housing quality)
- an ecosystem that is stable now and sustainable in the long term
- a strong, mutually supportive and non-exploitative community
- a high degree of participation in and control by the citizens over the decisions affecting their lives, health and wellbeing
- the meeting of basic needs (food, water, shelter, income, safety and work) for all the city's people
- access by the people to a wide variety of experiences and resources, with the chance for a wide variety of contact, interaction and communication
- a diverse, vital and innovative economy
- the encouragement of connectedness with the past, with the cultural and biological heritage of city dwellers and with other groups and individuals
- a form that is compatible with and enhances the preceding characteristics
- an optimum level of appropriate public health and sickness care services, accessible to all; and
- high health status (high levels of positive health and low levels of disease).

Adapted from Dibley, G, Gordon, M, and Rubenstein, L 2002, *Leading the Way – Councils creating healthier communities: A Resource Guide for Councillors*, VicHealth, Carlton and World Health Organization Europe (1986). *Healthy Cities: Promoting Health in the Urban Context*, WHO Copenhagen, Denmark



The guide recognises that local government's influence on health and wellbeing has grown well beyond the traditional public health functions, to encompass most facets of local government core business.

Today, key public health roles and responsibilities of local government include:

- identifying and responding to the health and wellbeing issues
- documenting a public commitment to the management of these health and wellbeing issues
- showing local leadership by developing local solutions to local problems
- building an ongoing dialogue on health and wellbeing issues with the community, community groups and community leaders
- setting organisational priorities based on the evidence of health data and national, state or local priorities
- benchmarking services across local government.

Planning for a healthy future, however, is not just about completing planning documents and reports. It is an ongoing process that involves understanding the influences on health and wellbeing and making decisions that result in more liveable, healthier communities.

The guide describes a pathway that can lead to the creation of healthier communities. This pathway relies on health and wellbeing becoming a priority and being at the centre of a clear local government vision for the future.

Councillors can take a leadership role in bringing this vision about by giving health and wellbeing the priority it deserves.

Whether it is advocating for change, improved services or stronger partnerships, there are many ways to create healthier communities. Each councillor will need to find out what works locally.

**Follow your pathway
to a healthy community**